MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 333

05330

CERTIFICATE OF DEATH

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH

(a) County Wicomico

(b) City or town Salisbury (Rural)
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Eastern Shore T.B. Sanatorium

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mo 6d.

(e) Length of stay in this community (yrs., mos., or days) 2 mo 6d.

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Somerset

(c) City or town Deals Island Rural
(If outside city or town limits, write RURAL and give town)

(d) Street No. _____
(If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Katie Florence Abbott

3 (b) If veteran, name war —

3 (c) Social Security No. none

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Reginal Abbott

6. (c) If alive, give age unknown years

7. Birth date of deceased (mo., day, yr.) May 23, 1916

8. AGE: Years 22 | Months 11 | Days 10 | If less than one day _____ hr. _____ min.

9. Birthplace Deals Island Somerset Co Maryland
(Town, county, and state)

10. Usual occupation Housework

11. Industry or business —

FATHER

12. Name Howard Webster

13. Birthplace Deals Island Md.

MOTHER

14. Maiden Name Mildred Graham

15. Birthplace Deals Island, Md.

16 (a) Informant deceased (on admission)

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/5/39 (month) (day) (year)

(c) Cemetery or crematory Deals Island

Location Somerset County

18 (a) Funeral director [illegible]

(b) Address Deals Island Md.

19 (a) 5/3/39 (Date rec'd by registrar) (b) Harriet E. Johnson Registrar

MEDICAL CERTIFICATION

20. Date of death May 3, 1939, at 3.00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/27 1939, to 5/3 1939, and that I last saw him alive on 5/2 1939.

Immediate cause of death	Duration
Pulmonary Tuberculosis	4 4 mo.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Paul Ellen M. D. or other

Address Eastern Shore T B Sanatorium Date signed 5/3/39

RECEIVED
JUN 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(183)

05331

Reg. Dist. No. 333

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Wicomico
City or town: Salisbury (If outside city or town limits, write RURAL NEAR and give town)
Street Address, hospital, or institution: Wicomico River
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 20 years

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State: Md. County: Wicomico
City or town: Salisbury Ward No.: (If outside city or town limits, write RURAL NEAR and give town)
Street No.: 323 Race (If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: William E. Avery (missing since)

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife: Martha H. Avery
6(c) If alive, give age: Dead years

7. Birth date of deceased (mo., day, yr.): May 7 1889

8. AGE: Years	Months	Days	If less than one day
50	8	6	hrs. min.

9. Birthplace: Wango Md. Wic. Co. (Town, county, and state)
10. Usual occupation: Laborer
11. Industry or business: Day Laborer
FATHER 12. Name: Burton Avery
FATHER 13. Birthplace: Wango Md.
MOTHER 14. Maiden name: Ellen Williams
MOTHER 15. Birthplace: Berlin Md.
16. Informant: Clifford Avery
Address: 201 Arch St. Salisbury Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: May 22nd 1939 (month) (day) (year)
Cemetery or crematory: Forest Rose Cem.
Location: Near Parsonsburg Md
18. Funeral director: Holloway & Co. Walter R. Holloway
Address: Salisbury Maryland
19. 5/22 1939 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 13 1939, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19
and that I last saw h alive on 19

Immediate cause of death: Drowning. There was no boat involved. Drowned in Salisbury (Maryland) Harbor, Wicomico River. Junior student Co. did not file definite date. Body found floating may 19th 1939 Cor's R. — DURATION

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: Body Found
Accident, suicide, or homicide: Drowning Date of: May 19, 1939
Where did injury occur? Body Found Floating in Wicomico River at Salisbury (City or town) Wicomico County, Md. (County) (State)
Injured at home, farm, industry, public place (Where?)
Means of injury: Injured at work?

23. SIGNATURE: E. Tudor Jones, Coroner M.D. or other
Address: Salisbury, Md. Date signed: 5/6/39

RECEIVED
JUN 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 333

05332

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County: Wicomico

(b) City or town: Salisbury
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Peninsula General Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days): 1 hour

(e) Length of stay in this community (yrs., mos., or days):

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State: Md (b) County: Worcester

(c) City or town: Rural, Pocomoke City
(If outside city or town limits, write RURAL and give town)

(d) Street No.:
(If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME**: Lloyd James Aydelotte

3 (b) If veteran, name war:

3 (c) Social Security No.:

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: ~~Mary~~ Mary H. Aydelotte

6. (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Jan. 19, 1877

8. AGE: Years: 62 Months: 3 Days: 23 If less than one day: ____ hr. ____ min.

9. Birthplace: Pocomoke City, Rural
(Town, county, and state)

10. Usual occupation: Farming

11. Industry or business:

FATHER
12. Name: Ezekiel Aydelotte
13. Birthplace: Worcester County, Md.

MOTHER
14. Maiden Name: Unknown
15. Birthplace: Worcester County, Md.

16 (a) Informant: Thomas L. Aydelotte
(b) Address: 507 Sixth St., Pocomoke City

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 15 39 (month) (day) (year)
(c) Cemetery or crematory: Calls Hill Cemetery
Location: Rural, Pocomoke City, Md.

18 (a) Funeral director: John A. Bradshaw
(b) Address: Pocomoke City, Md.

19 (a) 5/12/39 (Date rec'd by registrar) (b) Harriet E. Johnson Registrar

MEDICAL CERTIFICATION

20. Date of death May 12 1939, at 12 10 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from May 12 1939, to May 12 1939, and that I last saw him alive on May 12 1939.

Immediate cause of death	Duration
acute myocardial dilatation	May 5, 1939
Due to Chronic Myocarditis	3 years
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: None
Of autopsy: None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide:

(b) Date of occurrence:

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury:

23. Signature: L A Redemeyer M D
M. D. or other

Address: Salisbury, Md. Date signed 5/12/39

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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JUN 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (46-B)

Reg. Dist. No. 333

05333

CERTIFICATE OF DEATH

WITHIN CORPORATE LIMITS OF

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:

(a) County Wicomico

(b) City or town Salisbury
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Peninsula General Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days

(e) Length of stay in this community (yrs., mos., or days) 2 years

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Wicomico

(c) City or town Salisbury
(If outside city or town limits, write RURAL and give town)

(d) Street No. 1003 Camden Ave.
(If rural give location)

(e) If foreign born, how long in U. S. A.? V years

3 (a) **FULL NAME** Joseph L. Bailey

3 (b) If veteran, name war V

3 (c) Social Security No. V

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Estelle McNeill Bailey

6. (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) Nov. 17, 1867 V

8. **AGE:** Years 76 | Months 6 | Days V | If less than one day ____hr. ____min.

9. Birthplace Quantico, Wicomico, Md.
(Town, county, and state)

10. Usual occupation Retired Judge

11. Industry or business 1st Judicial Circuit of Md.

FATHER

12. Name Levin O. Bailey

13. Birthplace Maryland

MOTHER

14. Maiden Name Elizabeth Russell

15. Birthplace Maryland

16 (a) Informant Richard H. Hodgson,

(b) Address Salisbury, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 17, 1939 (month) (day) (year)

(c) Cemetery or crematory Quantico

Location Quantico, Md.

18 (a) Funeral director H. E. Hill & Johnson Co.

(b) Address Salisbury, Md.

19 (a) 5/17/39 (Date rec'd by registrar) (b) Harriet E. Johnson Registrar

MEDICAL CERTIFICATION

20. Date of death May 14, 1939, at 10:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 21st 1939, to May 14th 1939, and that I last saw him alive on 5/14 1939.

Immediate cause of death	Duration
Carcinoma of Stomach	Several months.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Thos. T. Fletcher, M.D.
M. D. or other

Address Salisbury, Md. Date signed 7/16, '39.

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JUN 5 1939
BUREAU V. S.

(Dr. Yeaman)

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (131)

Reg. Dist. No. 333

05334

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Wicomico
(b) City or town Fruitland
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution R.D. U.S. Highway #13
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 61 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Wicomico
(c) City or town Fruitland
(If outside city or town limits, write RURAL and give town)
(d) Street No. R.D. Highway #13
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John F. Banks

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Alberta Banks

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 16 - 1877

8. AGE: Years 61 Months 8 Days 20 If less than one day hr. min.

9. Birthplace Fruitland Md.
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Own Farm

FATHER
12. Name Thomas W. Banks
13. Birthplace Siloam Md.

MOTHER
14. Maiden Name Mary L. Smith
15. Birthplace Siloam Md.

16 (a) Informant Mrs Alberta Banks
(b) Address Fruitland Md.

17 (a) Burial
(Burial, cremation, or removal)
(b) Date thereof May 8, 1939
(month) (day) (year)
(c) Cemetery or crematory ~~Fruitland~~ Banks Farm
Location Near Fruitland

18 (a) Funeral director Holloway & Co.
(b) Address Walter R. Holloway Salisbury Md.

19 (a) 5/8/39
(Date rec'd by registrar)
(b) Harriet E. Johnson Local
Registrar

MEDICAL CERTIFICATION

20. Date of death May 6 1939 at 6:10 a.m.

21. I certify that death occurred on the date above stated; that I attended deceased from April 27 1939, to May 6, 1939, and that I last saw him alive on May 6, 1939.

Immediate cause of death Lymphatic infection of the submaxillary salivary glands with lymphangitis of neck.

Due to

Due to

Other conditions Chronic interstitial nephritis? chronic myocarditis.
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dr. John H. Yeaman
M. D. or other
Address 221 1/2 Camden Ave. Date signed 5/8/39.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

ECEIVED
JUN 5 1939
BUREAU V. S.

05335

STATE OF MARYLAND—CERTIFICATE OF DEATH

(131)

1. PLACE OF DEATH

County Wicomico Registration Dist. No. 333

Village or City Salisbury Md P.G. Hospital No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Paul L. Beachboard If U. S. Veteran, specify WAR No

(a) Residence: No. Girdletree Md St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Maude Beachboard

6. DATE OF BIRTH (month, day, and year): Jan. 26-1889

7. AGE: Years 50 | Months 3 | Days 29 | If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.:

10. Date deceased last worked at this occupation (month and year): April 1939

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME: James Beachboard

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Mollie Barnes

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT (Address): Charles E. Beachboard Girdletree Md

18. BURIAL, CREMATION, OR REMOVAL Place: M.E. Cem. Date: May 27, 1939

19. UNDERTAKER (Address): Hearne & Dennis Snow Hill Md

20. FILED 5/27, 1939 Harriet E. Johnson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May (Month) 25 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 5-20-, 1939, to 5-20-, 1939

I last saw him alive on 5-20-, 1939; death is said to have occurred on the date stated above, at 5 45 A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chronic Interstitial nephritis	

Other Contributory Causes of importance:

Name of operation: none Date of

What test confirmed diagnosis? Examination Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Olen F. Fisher M. D.

(Address) Salisbury Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1918*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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JUN 5 1930
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

05336

STATE OF MARYLAND
CERTIFICATE OF DEATH

Registration Dist. No. 333

1 PLACE OF DEATH

County Wicomico (WITHIN CORPORATE LIMITS OF) (157-c)

Village or City Salisbury, Md. (No.) P. G. Hospital St.: ..... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Baby Bennett

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Male	white	

6 DATE OF BIRTH 5 / 5 (Month) (Day), 1939 (Year)

7 AGE ..... yrs. ..... mos. Lived ds. (If LESS than 1 day 12 hrs. or .... min.)

8 OCCUPATION
(a) Trade, profession or particular kind of work none
(b) General nature of industry business, or establishment in which employed or (employer) none

9 BIRTHPLACE (State or country) Salisbury, Md. Gen. Gen. Hospital

PARENTS

10 NAME OF FATHER Guy Bennett

11 BIRTHPLACE OF FATHER (State or country) Cambridge Md.

12 MAIDEN NAME OF MOTHER Elva Goldy

13 BIRTHPLACE OF MOTHER (State or country) Maryland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Guy Bennett

(Address) Laurel Delaware

15 Filed May 6, 1939 Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 5 5 (Month) (Day), 1939 (Year)

17 I HEREBY CERTIFY, That I attended the deceased from 5 5 1939, to 5 5 1939, that I last saw her alive on 5 5 1939, and that death occurred on the date stated above, at 6.30 A. m.

The CAUSE OF DEATH* was as follows:

Pneumonia Birth 7 hrs
"Blue Baby"

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory Secondary .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Hiram R Mann M. D.

5 6 1939 (Address) Salisbury Md

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death .... yrs. .... mos. 12 hrs da. In the State, 2 hrs .... yrs. .... mos. .... da.

Where was disease contracted, if not at place of death? .....

Former or usual residence 604 West St. Laurel, Del.

19 PLACE OF BURIAL OR REMOVAL Emanuel cem. Fruitland Md. DATE OF BURIAL May 6th 1939

20 UNDERTAKER Dale Dashiell ADDRESS Fruitland Md

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1

V. S. No. 1.

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary firemen*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill*; (*a*) *Salesman*, (*b*) *Grocery*; (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of .....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.*; *Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

JUN 5 1939
BUREAU V. S.

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (130)

Reg. Dist. No. 333

CERTIFICATE OF DEATH

05337

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

WITHIN CORPORATE LIMITS OF

1. PLACE OF DEATH:

(a) County Wicomico md

(b) City or town Salisbury md (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Peninsula General Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State md (b) County Wicomico

(c) City or town Salisbury md (If outside city or town limits, write RURAL and give town)

(d) Street No. 1000 Lake (If rural give location)

(e) If foreign born, how long in U. S. A.? a a years

3 (a) **FULL NAME** Florria Birckhead

3 (b) If veteran, name war	3 (c) Social Security No.
no	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	a a	married

6 (b) Name of husband or wife Howard Birckhead

6. (c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.) June 2, 1895

8. AGE: Years	Months	Days	If less than one day
43	11	11	hr. min.

9. Birthplace Salisbury md (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business none

FATHER 12. Name Charles Henry

FATHER 13. Birthplace Salisbury Md

MOTHER 14. Maiden Name Josephine Nelson

MOTHER 15. Birthplace Salisbury md

16 (a) Informant Mrs Howard Birckhead

(b) Address 1000 Lake St Salisbury md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/17/39 (month) (day) (year)

(c) Cemetery or crematory Parsons Cemetery

Location Salisbury Md

18 (a) Funeral director James H. Stewart

(b) Address 402 E. Church St Salisbury Md

19 (a) 5/17/39 (Date rec'd by registrar) (b) Harriet E. Johnson Deputy Registrar

MEDICAL CERTIFICATION

20. Date of death 5/13/39 19, at 8:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/10/39 19, to 5/13/39 19, and that I last saw him alive on 5/13/39 19.

Immediate cause of death	Duration
Acute Mg Ulcers	Unk
Due to Unk	
Due to —	
Other conditions —	

(Include pregnancy within 3 months of death)

Major findings: —

Of operations —

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury —

23. **Signature** W. M. Hall M. D. or other

Address Salisbury Date signed 5/11/39

RECEIVED
JUN 5 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Dr. Sembly

(93-C)

1. PLACE OF DEATH

County Wicomico — Registration Dist. No. 333

Village or City Salisbury, Md. — No. ____ St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 50 yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Rosa Bivins ~~Bevans~~ — If U. S. Veteran, specify WAR ____

(a) Residence: No. 402 Boulden St. Salisbury St., ____ Ward. (Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Wright

6. DATE OF BIRTH (month, day, and year) Jan. 1, 1836

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	103	4	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housework

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Private Homes

10. Date deceased last worked at this occupation (month and year) 1925 — 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) (Revels Neck) (State or country) Somerset Co., Md.

FATHER

13. NAME Augustus Bevans

14. BIRTHPLACE (city or town) Unknown (State or country)

MOTHER

15. MAIDEN NAME Henrietta Porter

16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT Mary Brown (Address) 402 Boulden St, Salisbury

18. BURIAL, CREMATION, OR REMOVAL Place Houston Cem, Salis. Date 5/25/39

19. UNDERTAKER Mrs. C. G. Messick & Sons (Address) Hebron, Md.

20. FILED 5/25, 1939 Harriet E. Johnson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May 23, 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from May 23, 1939, to May 23, 1939

I last saw her alive on May 23, 1939; death is said to have occurred on the date stated above, at 10:30 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Apoplexy	May 23
Other Contributory Causes of Importance:	
Chronic Myocarditis	Unknown
Hypertension	Unknown

Name of operation None — Date of ____

What test confirmed diagnosis? Examination — Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19__

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ____

(Signed) G. H. Sembly M. D.

(Address) Salisbury, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

(M)

WITHIN CORPORATE LIMITS OF

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

RECEIVED
JUN 5 1939

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (46-E)

Reg. Dist. No. 333

CERTIFICATE OF DEATH

05339

1. PLACE OF DEATH:

(a) County Wicomico

(b) City or town Salisbury Md (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Peninsula General Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Wicomico

(c) City or town Salisbury Md (If outside city or town limits, write RURAL and give town)

(d) Street No. Allen Md (If rural give location)

(e) If foreign born, how long in U. S. A.? a a years

3 (a) FULL NAME Levin Bounds

3 (b) If veteran, name war no

3 (c) Social Security No. no

4. Sex male

5. Color or race a a

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Beatrice Bounds

6. (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) about 1885

8. AGE: Years 54 | Months | Days | If less than one day ____ hr. ____ min.

9. Birthplace Allen maryland (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business no

FATHER

12. Name Charles Bounds

13. Birthplace Allen, Md.

MOTHER

14. Maiden Name Anna Pull

15. Birthplace Allen Md

16 (a) Informant Beatrice Bounds

(b) Address Salisbury Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 21 1939 (month) (day) (year)

(c) Cemetery or crematory Friendship

Location Allen Md

18 (a) Funeral director Jas F. Stewart

(b) Address Salisbury Md

19 (a) 5/21/39 (Date rec'd by registrar) (b) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. Date of death May 16th 1939, at 8.45 a M

21. I certify that death occurred on the date above stated; that I attended deceased from April 12 1939, to May 16th 1939, and that I last saw him alive on 5/15 1939.

Immediate cause of death Carcinoma of Liver

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy no

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Chas. F. Fisher M.D. M. D. or other

Address Salisbury Md Date signed 5/18/39

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (131)

Reg. Dist. No. 333

05340

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Wicomico

(b) City or town Shad Point, Salisbury, R.D. 1 (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: ✓

(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓

(e) Length of stay in this community (yrs., mos., or days) 79

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Wicomico

(c) City or town Salisbury, R.D. 1 (If outside city or town limits, write RURAL and give town)

(d) Street No. Shad Point (If rural give location)

(e) If foreign born, how long in U. S. A.? 1 years

3 (a) **FULL NAME** Annie Emilia Brewington

3 (b) If veteran, name war ✓

3 (c) Social Security No. ✓

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Wm. Henry Brewington

6. (c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) Feb. 1, 1850

8. **AGE:** Years 79 Months 4 Days 9 If less than one day ____ hr. ____ min.

9. Birthplace Shad Point, Wicomico, Md. (Town, county, and state)

10. Usual occupation ✓

11. Industry or business ✓

FATHER

12. Name Samuel Williams

13. Birthplace Maryland

MOTHER

14. Maiden Name Not Known

15. Birthplace " "

16 (a) Informant W. Scott Brewington

(b) Address 304 Ohio Ave, Salisbury, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 12, 1939 (month) (day) (year)

(c) Cemetery or crematory Shad Point

Location Shad Point, Md.

18 (a) Funeral director The Hill & Johnson Co.

(b) Address Salisbury, Md.

19 (a) 5/12/39 (Date rec'd by registrar) (b) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. Date of death May 10, 1939, at 11 Am M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1939, to My 10 1939, and that I last saw him alive on My 10 1939.

Immediate cause of death Schlerotic Heart — Duration 1939

Due to Chr. Int. Nephritis 1938

Due to Artex. Sclerosis 1937

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature H. O. Daisey M. D. or other

Address Salisbury, Md Date signed 5/12/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

(M)

(T)

RECEIVED
JUN 5 1933
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131)

CERTIFICATE OF DEATH

05341

Reg. Dist. No. 333

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH: Wicomico
County
City or town Salisbury
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 201 Monument Square
Stay in hospital or inst. (yrs., or mos., or days) Glen Haven
Stay in this community (yrs., or mos., or days) 11 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Wicomico
City or town Salisbury Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 201 Monument Square (OR LOCATION)
Glen Haven
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Herman E. Buttingham

3. (b) Social Security Number

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Bessie Buttingham
6(c) If alive, give age: 42 years
7. Birth date of deceased (mo., day, yr.): Oct. 10 - 1892
8. AGE: Years: 46 Months: 7 Days: 9 If less than one day: hrs. min.
9. Birthplace: R.F.D. Delmar Del. Sussex County
(Town, county, and state)
10. Usual occupation: Prop. Salisbury Auto Body Works
11. Industry or business: Auto Body Repairing
12. FATHER Name: Erasmus Buttingham
13. Birthplace: Sussex County Del.
14. MOTHER Maiden name: Alice Elliott
15. Birthplace: Sussex County Del.
16. Informant: Mrs. Bessie Buttingham
Address: 201 Monument Square Salisbury Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 21. 1939 (month) (day) (year)
Cemetery or crematory: Parsons Mem.
Location: Salisbury Md.
18. Funeral director: Hollowell & Co. Per. Walter R. Hollowell
Address: Salisbury Maryland.
19. 5/21/39 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19th 1939 10 P M
I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 15 1939 to May 19 1939
and that I last saw h[illegible] alive on May 19-1939
Immediate cause of death: Uremia — DURATION: Few hrs
Due to
Due to
Other conditions: Hypertension Nephritis
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Harry Hull M. D. or other
Address Salisbury Md Date signed May 21. 39

RECEIVED
JUN 5 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

05342

1. PLACE OF DEATH WITHIN CORPORATE LIMITS (108)

County Wicomico Registration Dist. No. 333

Village or City Salisbury, P. G. Hospital No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME William Henry Budd If U. S. Veteran, specify WAR

(a) Residence: No. Hebron Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rosa Cordrey

6. DATE OF BIRTH (month, day, and year) July 6, 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	10	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer, retired

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Own Farm

10. Date deceased last worked at this occupation (month and year) 1928

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) Delaware (State or country)

FATHER

13. NAME Wm. J. Budd

14. BIRTHPLACE (city or town) Unknown (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Kenwood Budd (Address) Hebron, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Mardela Springs Date 5/21/39, 19

19. UNDERTAKER Mrs. C. G. Messick & Sons (Address) Hebron Md.

20. FILED 5/21, 1939 Harriet E. Johnson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May 19, (Month) (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from May 13, 1939, to May 19, 1939

I last saw h/k alive on May 18, 1939; death is said to have occurred on the date stated above, at 4 a. m.

The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:

	Date of onset
R. Lobar Pneumonia	5-13-39
Other Contributory Causes of Importance:	

Name of operation None Date of

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) J. A. Richardson M. D.

(Address) 112 Main St. Salisbury, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (46C)

Reg. Dist. No. 333

CERTIFICATE OF DEATH

05343

WITHIN CORPORATE LIMITS

1. PLACE OF DEATH:

(a) County or ~~Wicomico~~

(b) City or town Salisbury Md.
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:
317 Martin Street

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Wicomico

(c) City or town Salisbury Md
(If outside city or town limits, write RURAL and give town)

(d) Street No. 317 Martin St.
(If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Dora Gertrude Calloway

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Harry C. Calloway

6. (c) If alive, give age 44 years

7. Birth date of deceased (mo., day, yr.) Mar. 26, 1898

8. **AGE:** Years 41 | Months 1 | Days 12 | If less than one day ____ hr. ____ min.

9. Birthplace Delmar, Md.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Wm. P. Lowitt

FATHER 13. Birthplace Delmar, Md.

MOTHER 14. Maiden Name Anna Pettyjohn

MOTHER 15. Birthplace Delmar Md.

16 (a) Informant Harry C. Calloway

(b) Address Salisbury, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-10-39 (month) (day) (year)

(c) Cemetery or crematory Parsons Cem

Location Salisbury, Md.

18 (a) Funeral director Charles E. Tyler

(b) Address Salisbury, Md.

19 (a) 5/9/39 (Date rec'd by registrar) (b) Jessie B. Hayman Registrar
Deputy Treas

MEDICAL CERTIFICATION

20. Date of death May 8 1939, at 6:55 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1936, to May 8 1939, and that I last saw her alive on May 8 1939.

	Duration
Immediate cause of death: Carcinoma of colon	3 Yrs
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings: Of operations Inoperable Carcinoma of colon

Of autopsy ____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. **Signature** L. A. Rademaker M.D.
M. D. or other

Address Salisbury Md Date signed 5/9/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 333

CERTIFICATE OF DEATH

05344

1. PLACE OF DEATH

(a) County Wicomico

(b) City or town Salisbury (Rural)
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:
Eastern Shore T.B. Sanatorium

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1yr 3 mo 22 dy.

(e) Length of stay in this community (yrs., mos., or days) same

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Kent

(c) City or town Betterton
(If outside city or town limits, write RURAL and give town)

(d) Street No.
(If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Helen Coleman

3 (b) If veteran, name war: no

3 (c) Social Security No. none

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 1, 1916

8. AGE: Years 23 | Months 1 | Days 17 | If less than one day ____ hr. ____ min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual occupation none

11. Industry or business

FATHER
12. Name Walter Coleman
13. Birthplace Maryland

MOTHER
14. Maiden Name Minnie Greenwood
15. Birthplace Maryland

16 (a) Informant deceased on admission

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 21 1939 (month) (day) (year)

(c) Cemetery or crematory Chester

Location Chestertown, Md

18 (a) Funeral director B K Fellows

(b) Address Still Pond, Md.

19 (a) 5/18/39 (Date rec'd by registrar) (b) Harriet E. Johnson Asst. Registrar

MEDICAL CERTIFICATION

20. Date of death May 18 1939, at 4.45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/26 1938, to 5/18 1939, and that I last saw him alive on 5/17 1939.

	Duration
Immediate cause of death: Pulmonary Tuberculosis	Oct., 1938
Due to	
Due to	
Other conditions: Rheumatic Mitral Stenosis (Include pregnancy within 3 months of death)	unknown

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Paul Owen M. D. or other

Address Salisbury Md. Date signed 5/18/39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

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JUN 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (74)

Reg. Dist. No. 333

05345

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Wicomico

(b) City or town Salisbury (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Peninsula General Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Wicomico

(c) City or town Mardela, Maryland - Rural (If outside city or town limits, write RURAL and give town)

(d) Street No. San Domingo - (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Dorraine Cook

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex Female

5. Color or race Colored

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Sirman Cook

6. (c) If alive, give age 40 years

7. Birth date of deceased (mo., day, yr.) About 1911

8. AGE: Years About 28 | Months | Days | If less than one day ____ hr. ____ min.

9. Birthplace Dames Quarter, Maryland (Town, county, and state)

10. Usual occupation Housework

11. Industry or business Own Home

FATHER
12. Name Willard Jones
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Sirman Cook

(b) Address Mardela, Maryland, R.F.D.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 26 1939 (month) (day) (year)

(c) Cemetery or crematory Dames Quarter

Location Dames Quarter, Md. near Princess Anne

18 (a) Funeral director J. J. Frampton & Son

(b) Address Federalsburg, Maryland

19 (a) 5/25/39 (Date rec'd by registrar) (b) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. Date of death May 23 1939, at 11.30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 17 1939 to May 23 1939, and that I last saw him alive on May 22 1939

Immediate cause of death Agranulocytosis — Duration 3 wks

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature J. R. Wimmer M. D. (M. D. or other)

Address Salisbury Date signed May 23

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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BUREAU V. S.

Dr. Mann

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (82-a)

Reg. Dist. No. 333

05346

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Wicomico
(b) City or town Salisbury
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: 205 Truitt
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 10 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Wicomico Co.
(c) City or town Salisbury
(If outside city or town limits, write RURAL and give town)
(d) Street No. 205 Truitt
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James D. Cropper

3 (b) If veteran, name war Spanish American

3 (c) Social Security No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed or divorced. Married

6 (b) Name of husband or wife Mary V. Cropper

6. (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) Oct 10 - 1868

8. AGE: Years 70 | Months 6 | Days 29 | If less than one day ____ hr. ____ min.

9. Birthplace Berlin Md.
(Town, county, and state)

10. Usual occupation Salesman

11. Industry or business Clothing

FATHER
12. Name Richard Cropper
13. Birthplace Berlin Md.

MOTHER
14. Maiden Name Emaline Dairy
15. Birthplace Worcester Co. Md.

16 (a) Informant Mrs. Mary V. Cropper
(b) Address 205 Truitt Salisbury Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 11. 1939 (month) (day) (year)
(c) Cemetery or crematory Parsons Cem.
Location Salisbury Md.

18 (a) Funeral director Holloway & Co.
(b) Address Walter R. Holloway Salisbury Md.

19 (a) 5/11/39 (Date rec'd by registrar) (b) Harriet E. Johnson Social Registrar

MEDICAL CERTIFICATION

20. Date of death May 9 1939 at 5.45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 4 1939, to May 9 1939, and that I last saw him alive on May 8 1939.

Immediate cause of death Cerebral Hemorrhage

Due to Hypertension

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration: 1st attd. 1936; Unknown

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hunter R. Mann M. D. or other
Address Salisbury Md. Date signed 5/10/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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BUREAU Y. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

05347

1. PLACE OF DEATH WITHIN CORPORATE LIMITS OF (181)

County Wicomico Registration Dist. No. 333

Village or City P. G. Hospital, Salisbury No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E. Dennis If U. S. Veteran, specify WAR

(a) Residence: No. Ocean City, Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel J. Dennis

6. DATE OF BIRTH (month, day, and year) Dont know

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72			

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. At Home

10. Date deceased last worked at this occupation (month and year) 5/18

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) Whiton (State or country) Md.

FATHER

13. NAME Richard Smith

14. BIRTHPLACE (city or town) Salisbury, Md. (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) unknown (State or country)

17. INFORMANT Samuel Dennis (Address) Ocean City, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Salisbury, Md. Date 5/20/39, 19

19. UNDERTAKER Mrs. C. G. Messick & Sons (Address) Hebron Md.

20. FILED 5/20, 1939 Harriet E. Johnson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May 18, (Month) (Dey) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from May 14, 1939, to May 14, 1939

I last saw h-- alive on May 14, 1939; deeth is said to heve occurred on the date steted above, at 1:30 am

The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were es follows:

	Date of onset
1a Burns Cause of	
contributing factors	
No Burning Building involved. Cook Stove exploded, causing the fires	
Other Contributory Causes of fmportance:	

Neme of operetion — Date of —

Whet test confirmed diegnosis? — Was there an autopsy? —

23. If deeth wes due to externef causes (VIOLENCE) fill in also the following:

Accident, sulcide, or homicide? Yes Date of injury 5/14, 1939

Where did injury occur? Home, Ocean City, (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Home

Manner of injury Burned

Neture of injury —

24. Was diseese or injury in any wey related to occupation of deceased? No

If so, specify

(Signed) W. H. Veach M. D.

(Address) Salisbury

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94E)

05348

CERTIFICATE OF DEATH

Reg. Dist. No. 3321

1. PLACE OF DEATH:
County Wicomico
City or town R.F.D. # Parsonsburg
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: R.F.D. # 2
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 22 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Wicomico
City or town Parsonsburg Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. R.F.D. # 2
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME William V. Donaway

3. (b) Social Security Number 219-05-1252

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Bertie M. Donaway
6(c) If alive, give age 43 years
7. Birth date of deceased (mo., day, yr.): July 17, 1884
8. AGE: Years 54 Months 10 Days 2 If less than one day ___ hrs. ___ min.
9. Birthplace: Whaleyville Md. (Town, county, and state)
10. Usual occupation: Worcester County. Farmer & Sawyer
11. Industry or business: Lumber Mill & Rented Farms
FATHER
12. Name: Charles Henry Donaway
13. Birthplace: Whaleyville Md.
MOTHER
14. Maiden name: Mary Mitchell
15. Birthplace: Bethel Delaware
16. Informant: Mrs Bertie M. Donaway
Address: R.F.D. # 2 Parsonsburg Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof May 21, 1939 (month) (day) (year)
Cemetery or crematory: Parsons Cemetery
Location: Salisbury Md.
18. Funeral director: Holloway & Co.
Address: Walter R. Holloway Salisbury Md.
19. May 21, 1939 (Date rec'd by registrar) Lillian R. Davis Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19th 1939, at 9 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 12 1939, to May 19 1939, and that I last saw him alive on May 19 1939.
Immediate cause of death: Angina Pectoris — DURATION: 1/2 hour
Due to: Aggravated by an attack of Kidney colic May 12/39
Due to: Arteriosclerosis — rural mother
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: S H Cornell M. D. or other
Address: Whaleyville Md. Date signed May 21/39

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BUREAU V. S.

05349

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH (93-0)

County Wicomico Registration Dist. No. 330

Village or City Mardela R.D. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME P Thomas Donoho If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Goldie Donoho

6. DATE OF BIRTH (month, day, and year) Nov. 8 1854

7. AGE Years 84 Months 5 Days 12 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME William R. Donoho

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Sallie P. Wilson

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Goldie Donoho (Address) Mardela R.D.

18. BURIAL, CREMATION, OR REMOVAL Place Donoho Cemetery Date May 21, 1939

19. UNDERTAKER H. D. Travenort & Bro (Address) Sharptown Md.

20. FILED May 24, 1939 J. M. Cunshaw Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May (Month) 19 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June, 1939, to May 18th, 1939

I last saw him alive on May 17th, 1939; death is said to have occurred on the date stated above, at 4 45 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Chronic Myocarditis	

Other Contributary Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) William Emerick M. D.

(Address) Hobson Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at **school** or at **home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own **home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, **e. g.,** heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (59)

Reg. Dist. No. 337

05350

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Wicomico

(b) City or town Bivalve (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) life

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Wicomico

(c) City or town Bivalve (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Grace L. Dunn

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Samuel Dunn

6. (c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) mar 25 1885

8. AGE: Years 54 Months 2 Days 1 If less than one day hr. min.

9. Birthplace Bivalve Md (Town, county, and state)

10. Usual occupation House wife

11. Industry or business

FATHER 12. Name Joshua Jackson

13. Birthplace Bivalve, Md

MOTHER 14. Maiden Name Elderanc Messick

15. Birthplace Bivalve Md

16 (a) Informant Samuel Dunn

(b) Address Bivalve, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof may 28 39 (month) (day) (year)

(c) Cemetery or crematory Bivalve Mp Cem

Location Bivalve Md

18 (a) Funeral director Max C. Messick & Sons

(b) Address Bivalve, Md

19 (a) 5/27/39 (Date rec'd by registrar) (b) R. Woolford Walter Registrar

MEDICAL CERTIFICATION

20. Date of death may 26 1939 at 7:40 a M

21. I certify that death occurred on the date above stated; that I attended deceased from March 30 1939, to May 26 1939, and that I last saw him alive on May 26 1939.

Immediate cause of death Diabetes mellitus

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature D. Allen Fields M. D. or other

Address Nantucket Md Date signed 5-28-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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(M)

Fuller)

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (108)

Reg. Dist. No. 333

CERTIFICATE OF DEATH

05351

1. PLACE OF DEATH:
(a) County Wicomico
(b) City or town Salisbury Md.
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Fitzwater St. Extended
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 10 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Wicomico
(c) City or town Salisbury
(If outside city or town limits, write RURAL and give town)
(d) Street No. 211 West Phila. ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Mary E. Graham

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife William Graham

6. (c) If alive, give age Dead years

7. Birth date of deceased (mo., day, yr.) Aug. 28, 1863

8. AGE: Years 75 Months 8 Days 8 If less than one day ____ hr. ____ min.

9. Birthplace Camden Delaware
(Town, county, and state)

10. Usual occupation House work

11. Industry or business at Home

FATHER
12. Name John Rickards
13. Birthplace Camden Del.

MOTHER
14. Maiden Name Mary Hawkins
15. Birthplace Delaware

16 (a) Informant Mrs Helen Hendrickson
(b) Address 211 W. Phila. ave Salisbury Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 9, 1939 (month) (day) (year)
(c) Cemetery or crematory 100 F Cemetery
Location Camden Del.

18 (a) Funeral director Holloway & Co.
(b) Address Walter R. Holloway Salisbury Md.

19 (a) 5/9/39 (Date rec'd by registrar) (b) Harriet E. Johnson Social Registrar

MEDICAL CERTIFICATION

20. Date of death May 6 1939 at 7.30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/2 1939, to 5/6 1939, and that I last saw her alive on 5/6 1939.

Immediate cause of death Lobar Pneumonia — Duration 4 days

Due to

Due to

Other conditions Senility
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Chas. T. Fisher M.D.
M. D. or other
Address Salisbury, Md Date signed 5/9/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

(I)

(T)

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JUN 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (23)

Reg. Dist. No. 333

CERTIFICATE OF DEATH

65352

1. PLACE OF DEATH:

(a) County Wicomico

(b) City or town Salisbury Rural
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Eastern Shore T.B. Sanatorium

(d) Length of stay in hospital or inst. (yrs., mos., or days) 28 d.

(e) Length of stay in this community (yrs., mos., or days) 28 d.

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Worcester Wicomico

(c) City or town Whaleyville Rural
(If outside city or town limits, write RURAL and give town)

(d) Street No.
(If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Hall, Will

3 (b) If veteran, name war —

3 (c) Social Security No. 220-01-9732

4. Sex male

5. Color or race White

6 (a) Single, married, widowed, or divorced. widowed

6 (b) Name of husband or wife (deceased) Della Wilkins Hall

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Oct 26, 1875

8. AGE: Years 65 | Months 6 | Days 14 | If less than one day ____ hr. ____ min.

9. Birthplace Whaleyville Worcester Co Md.
(Town, county, and state)

10. Usual occupation Mill worker

11. Industry or business —

FATHER 12. Name Lambert Hall

FATHER 13. Birthplace Whaleyville Md.

MOTHER 14. Maiden Name Ona Donoway

MOTHER 15. Birthplace Whaleyville

16 (a) Informant Avery W. Hall (Son)

(b) Address Salisbury, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 12 1939 (month) (day) (year)

(c) Cemetery or crematory Whaleyville

Location Whaleyville Md.

18 (a) Funeral director Mrs. M. Parks Watson

(b) Address Whaleyville, Md.

19 (a) 5/10/39 (Date rec'd by registrar) (b) Harriet E. Johnson Registrar

MEDICAL CERTIFICATION

20. Date of death May 10 1939, at 7.30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 12 1939, to May 10 1939, and that I last saw him alive on May 9 1939.

	Duration
Immediate cause of death: Pulmonary Tuberculosis	5 mo.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. **Signature** Paul Shea M. D. or other

Address Salisbury Date signed 5/15/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Authorization to change county see letter filed under Cohen. 7/5/39.

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MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (45-B) Reg. Dist. No. 1-1336

05353

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Wicomico

(b) City or town Delmar, Md. (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: East Street

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., ~~mos., or days~~) 46

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Wicomico

(c) City or town Delmar Md (If outside city or town limits, write RURAL and give town)

(d) Street No. East Street (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Cora Ellis Hartman

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband ~~or wife~~ Geo. J. Hartman

6. (c) If alive, give age 51 years

7. Birth date of deceased (mo., day, yr.) April 28-1893

8. AGE: Years 46 Months — Days 18 If less than one day _____ hr. _____ min.

9. Birthplace Delmar, Md (Town, county, and state)

10. Usual occupation House wife

11. Industry or business House

FATHER 12. Name Chas. M. Ellis

13. Birthplace Delmar, Del R7D

MOTHER 14. Maiden Name Ida W. Lowe

15. Birthplace Delmar, Del R7D

16 (a) Informant Geo. J. Hartman

(b) Address Delmar, Md.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 5-19-39 (month) (day) (year)

(c) Cemetery ~~or crematory~~ M. P. Cem.

Location Delmar, Del

18 (a) Funeral director Will S. Marvel

(b) Address Delmar, Del

19 (a) 5-19-39 (Date rec'd by registrar) (b) Harry L. Hudson Registrar

MEDICAL CERTIFICATION

20. Date of death May 16 1939, at 5:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 15 1938, to May 16 1939, and that I last saw ~~him~~ her alive on May 16 1939.

Immediate cause of death Carcinoma of Tongue

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature H. E. Leatherman M.D. M. D. or other

Address Delmar Del Date signed May 19-1939

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (23) Reg. Dist. No. 333

CERTIFICATE OF DEATH

05354

1. PLACE OF DEATH
(a) County Wicomico
(b) City or town Salisbury Rural
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Eastern Shore T.B. Sanatorium
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 d.
(e) Length of stay in this community (yrs., mos., or days) 10 d.

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County Wicomico
(c) City or town Delmar
(If outside city or town limits, write RURAL and give town)
(d) Street No. 12 Chestnut ST
(If rural give location)
(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME J. Mason Hearn

3 (b) If veteran, name war

3 (c) Social Security No. none

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Lula Hearn

6. (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) Feb. 17, 1868

8. AGE: Years 71 | Months 3 | Days 13 | If less than one day _____ hr. _____ min.

9. Birthplace Delmar Delaware
(Town, county, and state)

10. Usual occupation Barber

11. Industry or business

FATHER
12. Name Stansbury Hearn
13. Birthplace Delaware

MOTHER
14. Maiden Name Lavinia Hastings
15. Birthplace Delaware

16 (a) Informant deceased on admission
(b) Address Delmar, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-2-39 (month) (day) (year)
(c) Cemetery or crematory M. E. Cemetery
Location Delmar, Del.

18 (a) Funeral director Hayden & Mason
(b) Address Salisbury, Md.

19 (a) 6/2/39 (Date rec'd by registrar) (b) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. Date of death May 30 1939, at 6.00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/20 1939, to 5/30 1939, and that I last saw him alive on 5/29 1939.

	Duration
Immediate cause of death: Congestive Heart failure	unknown
Due to: Arteriosclerotic Heart disease	3 yr
Due to:	
Other conditions: Pulmonary Tuberculosis (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul Geen M.d. M. D. or other
Address Salisbury Date signed 5/30/39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(131)

05355

CERTIFICATE OF DEATH

Reg. Dist. No. 335

1. PLACE OF DEATH:

County Wicomico

City or town Near Sharptown
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: None

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) full life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State County

City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF YETERAN, NAME WAR

3. (a) FULL NAME Alfonso Roosevelt Hill

3. (b) Social Security Number

4. Sex Male

5. Color or race colored

6. (a) Single, married, widowed, or divorced married

6 (b) Name of ~~husband~~ or wife Flossie E. Hill

6(c) If alive, give age 35 years

7. Birth date of deceased (mo., day, yr.) January 28, 1902

8. AGE: Years 37 Months 3 Days 19 It less than one day hrs. min.

8. Birthplace Near Sharptown, Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business Mill work

FATHER
12. Name Samuel Hill
13. Birthplace Near Sharptown, Md.

MOTHER
14. Maiden name Martha Gaines
15. Birthplace Near Sharptown, Md.

16. Informant Flossie E. Hill

Address Sharptown, Md. R.F.A.

17. Burial
(Burial, ~~cremation, or removal. Which?~~)

Date thereof 5/20/19/39 (month) (day) (year)

Cemetery ~~or cremetory~~ Zion Cemetery

Location Near Sharptown, Md.

18. Funeral director Clarence W. Adams

Address Federalsburg, Md.

19. May 17 1939 (Date rec'd by registrar) Wm. R. Robinson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 17 1939, at 1:30 pm

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 16 1939, to May 19 1939 and that I last saw him alive on May 19 1939

Immediate cause of death Chronic Interstitial Nephritis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE E. C. Wagner M.D.
M. D. or other

Address Mardela, Md. Date signed 5/19/39

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (23)

CERTIFICATE OF DEATH

05356

Reg. Dist. No. 333

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A 16

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury (Rural)

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Eastern Shore TB Sanatorium

Stay in hospital or inst. (yrs., or mos., or days) 3 mos 16 d

Stay in this community (yrs., or mos., or days) 3 mos 16 ds

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Cecil

City or town Rising Sun (Rural) Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. RFD

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Leo Holsberry

3. (b) Social Security Number unknown

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	married

B (b) Name of husband or wife unknown

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) April 22, 1880

8. AGE: Years 59 | Months 1 | Days 7 | If less than one day ____ hrs. ____ min.

9. Birthplace Phillipi West Virginia (Town, county, and state)

10. Usual occupation Plasterer

11. Industry or business —

FATHER 12. Name Wlysses Holsberry

13. Birthplace West Virginia

MOTHER 14. Maiden name Katherine Kligman

15. Birthplace West Virginia

16. Informant deceased (on admission)

Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 8-1939 (month) (day) (year)

Cemetery or crematory Pasons Cem.

Location Salisbury Md.

18. Funeral director Holloway & Co. Walter R. Holloway

Address Salisbury md.

19. 6/8, 1939 (Date rec'd by registrar) Carrie E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 29 1939, at 8.00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 13 1939, to May 29 1939, and that I last saw h in alive on May 29 1939.

Immediate cause of death	DURATION
Pulmonary Tuberculosis	7 mo
Due to	
Due to	
Other conditions Prostatic Hypertrophy	

(Include pregnancy within 3 months of death)

Major findings:

Ot operations

Ot autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Nature of injury Injured at work?

23. SIGNATURE Paul Bliss M.d. M. D. or other

Address Salisbury Md Date signed 5/29/39

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (146) Reg. Dist. No. 333

CERTIFICATE OF DEATH

05357

1. PLACE OF DEATH:

(a) County Wicomico

(b) City or town Salisbury, Maryland (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Peninsula General Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 hrs.

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Wicomico

(c) City or town Mardela, Maryland - Rural (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Madelyn Hatton

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	White	married

6 (b) Name of ~~husband or wife~~ James Hatton

6. (c) If alive, give age 28 years

7. Birth date of deceased (mo., day, yr.) June 2, 1912

8. AGE: Years	Months	Days	If less than one day
26	11	17	hr. min.

9. Birthplace Wicomico County, Maryland (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Own Home

FATHER

12. Name John H. Cook

13. Birthplace Wicomico County, Md.

MOTHER

14. Maiden Name Ida J. Brown

15. Birthplace Wicomico County, Md.

16 (a) Informant James W. Hatton

(b) Address Mardela, Maryland, R.F.D.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 22 1939 (month) (day) (year)

(c) Cemetery or crematory Zion Cemetery

Location Near Hamptontown, Maryland

18 (a) Funeral director J. T. Frampton & Son

(b) Address Fruitland, Maryland

19 (a) 5/22/39 (Date rec'd by registrar) (b) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. Date of death 5-19-1939, at 5:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-19 1939, to 5-19 1939, and that I last saw him alive on 5-19 1939.

Immediate cause of death	Duration
Eclampsia	duly
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations Pregnancy

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature W. G. Heck M. D. or other

Address Salisbury Date signed 5/19

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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JUN 5 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Dr. Mann 05358

1. PLACE OF DEATH WITHIN CORPORATE LIMITS (146)

County Wicomico Registration Dist. No. 333

Village or City Salisbury, Md. P. G. Hospital St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Pauline Francis Hull If U. S. Veteran, specify WAR

(a) Residence: No. Salisbury Md. R. D. #2 St., Ward.
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 12, 1923

7. AGE	Yeers	Months	Deys	If LESS than 1 day, hrs. or min.
	15	6	12	

OCCUPATION

8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. At Home

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Mt Vernon, Md.
(State or country)

FATHER

13. NAME Wilson Terpin

14. BIRTHPLACE (city or town) Crisfield
(State or country) Md.

MOTHER

15. MAIDEN NAME Mamie Leatherbury

16. BIRTHPLACE (city or town) Mt Vernon
(State or country) Md.

17. INFORMANT Hilary Hull
(Address) Salisbury R. D. #2

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Vernon Md. Date 5/26/39, 19

19. UNDERTAKER Mrs. C. G. Messick & Sons
(Address) Hebron, Md.

20. FILED 5/26, 1939 Harriett E. Johnson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May (Month) 24, (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from May 23, 1939, to May 24, 1939

I last saw her alive on May 24, 1939; death is said to have occurred on the date stated above, at 5p m.

The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:

	Date of onset
Eclampsia	5/23/39

Other Contributory Causes of Importance:

Pregnancy

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Dete of injury, 19

Where did injury occur?
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Menner of injury

Neture of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Hiram R Mann M. D.

(Address) Salisbury Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a **clerk.**

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (82-51)

Reg. Dist. No. 333

05359

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Wicomico

(b) City or town Salisbury (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: 1417 E. Church Street

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 4 mos. 25 days

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md., (b) County Wicomico

(c) City or town Salisbury (If outside city or town limits, write RURAL and give town)

(d) Street No. 1417 E. Church Street (If rural give location)

(e) If foreign born, how long in U. S. A.? — years

3 (a) **FULL NAME** Walter Townsend Humphreys

3 (b) If veteran, name war —

3 (c) Social Security No. 212-12-3059

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Mary Maddie Humphreys

6. (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) March 3, 1880

8. **AGE:** Years 59 | Months 2 | Days 6 | If less than one day — hr. — min.

9. Birthplace Rockawalking, Wicomico, Md., (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business —

FATHER
12. Name John E. Humphreys
13. Birthplace Rockawalking, Maryland

MOTHER
14. Maiden Name Matilda Melson
15. Birthplace Rockawalking, Maryland

16 (a) Informant William W. Humphreys

(b) Address 401 Newton St. Salisbury, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 11, 1939 (month) (day) (year)

(c) Cemetery or crematory Parsons Cemetery

Location N. Division St. Salisbury, Md.

18 (a) Funeral director The Hill and Johnson Co.,

(b) Address E. Main at Davis St. Salisbury, Md.

19 (a) 5/10/39 (Date rec'd by registrar) (b) Harriet E. Johnson Social Registrar

MEDICAL CERTIFICATION

20. Date of death May 9, 1939, at 7:15 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-4 1939, to 5-7 1939, and that I last saw him alive on 5-7 1939.

Immediate cause of death Cerebral Hemorrhage

Due to Hypertension

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature [signature] M. D. or other

Address Salisbury Date signed 5-10-39

VS. A15 (T) (1) MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

WITHIN CORPORATE LIMITS OF

RECEIVED
JUN 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (145-a) Reg. Dist. No. 333

CERTIFICATE OF DEATH

05360

1. PLACE OF DEATH:
(a) County Wicomico
(b) City or town Salisbury, Md.
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: P. G. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 weeks
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County Wicomico
(c) City or town Salisbury
(If outside city or town limits, write RURAL and give town)
(d) Street No. Third Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Caroline Coulbourne Jones

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex F | 5. Color or race Col. | 6 (a) Single, married, widowed, or divorced. married.

6 (b) Name of husband or wife Burleigh Jones

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) July 11, 1903

8. AGE: Years 36 | Months 10 | Days 6 | If less than one day ____ hr. ____ min.

9. Birthplace Md.
(Town, county, and state)

10. Usual occupation Worked at the

11. Industry or business P. G. Hospital

FATHER
12. Name Charles H. Brooks.
13. Birthplace Md.

MOTHER
14. Maiden Name Sally Hill
15. Birthplace Md.

16 (a) Informant Sallie Holbrook
(b) Address 3rd St, Salisbury, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-18-39 (month) (day) (year)
(c) Cemetery or crematory Polks Road Cem.
Location Mt. Vernon, Md.

18 (a) Funeral director Edwin Jones
(b) Address Princess Anne, Route 2

19 (a) 5-18-39 (Date rec'd by registrar) (b) Harriet E. Johnson Registrar

MEDICAL CERTIFICATION

20. Date of death 5-17-1939 at 6:30 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-19-1939, to 5-17-1939, and that I last saw him alive on 5-17-1939.

Immediate cause of death	Duration
Puerperal sepsis.	4-22-39
Due to Pregnancy	9 months
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Cesarean section
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. A. Rademacher M. D.
M. D. or other
Address Salisbury Md Date signed 5/18/39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

WITHIN CORPORATE LIMITS OF

RECEIVED
JUN 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (34)

Reg. Dist. No. 333

05361

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Wicomico
(b) City or town Salisbury
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: 105 Fooks
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 8 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Wicomico
(c) City or town Salisbury
(If outside city or town limits, write RURAL and give town)
(d) Street No. 105 Fooks
(If rural give location)
(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Kathrine Kellam

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Fred Kellam

6. (c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.) July 30. 1895

8. AGE: Years 43 | Months 9 | Days 17 | If less than one day _____ hr. _____ min.

9. Birthplace Onancock Va.
(Town, county, and state)

10. Usual occupation House work

11. Industry or business at Home

FATHER
12. Name Charles H. Adkins
13. Birthplace Georgetown Del

MOTHER
14. Maiden Name Katherine Mary Budd
15. Birthplace Onancock Va.

16 (a) Informant Mrs. Charlie F. Killman
(b) Address Wachapreague Va.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 19. 1939 (month) (day) (year)
(c) Cemetery or crematory Onancock Cem
Location Onancock Va.

18 (a) Funeral director Holloway & Co.
(b) Address Walter R. Holloway Salisbury Md

19 (a) 5/18/39 (Date rec'd by registrar) (b) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. Date of death May 17 1939, at 7.45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 2, 1938, to May 17, 1939, and that I last saw him alive on May 17, 1939.

Immediate cause of death Syphilitic aortitis with cardiac dilatation

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration ?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dr John H. Yeamar M. D. or other
Address 221 1/2 Camden Ave. Date signed 5/18/39

VS. A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

WITHIN CORPORATE LIMITS OF

RECEIVED
JUN 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (127)

Reg. Dist. No. 333

05362

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Wicomico

(b) City or town Salisbury Md. (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: P. G. Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 11da.

(e) Length of stay in this community (yrs., mos., or days) 30yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Wicomico

(c) City or town Mardela Springs (If outside city or town limits, write RURAL and give town)

(d) Street No. _____ (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** Nonah Arletta Larmore

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife John S. Larmore

6. (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) 1/22/1878

8. AGE: Years 61 | Months 3 | Days 21 | If less than one day _____ hr. _____ min.

9. Birthplace Jesterville Md. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business At Home

FATHER

12. Name Samuel Jackson

13. Birthplace Jesterville Md.

MOTHER

14. Maiden Name Mary L. Jackson

15. Birthplace Jesterville Md.

16 (a) Informant John S. Larmore

(b) Address Mardela Springs, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/15/1939 (month) (day) (year)

(c) Cemetery or crematory Mardela Springs

Location Mardela Springs, Md.

18 (a) Funeral director Mrs. C. G. Messick & Sons

(b) Address D. L. Messick, partner Hebron, Md.

19 (a) 5/15/39 (Date rec'd by registrar) (b) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. Date of death May 12 1939, at 4.45 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 4 1939, to May 12 1939, and that I last saw him alive on May 12 1939.

Immediate cause of death	Duration
Acute Cardiac Dilation	11 hr
Due to Chr. Myocarditis	[illegible]
Due to Acute Cholecystitis	[illegible]
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations ~~Acute~~ Cholecystitis

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide NC

(b) Date of occurrence ✓

(c) Where did injury occur? ✓ (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ✓ (Specify type of place) While at work? —

(e) Means of injury —

23. Signature [signature] M. D. or other

Address Salisbury Date signed 5/12/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 5 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

05363

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF DEATH (61-2)

County Queenes Registration Dist. No. 332

Village or City Willards Md No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 1 yrs. 1 mos. 29 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Gail Lucelia Lewis

(a) Residence: No. Willards Md St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) 3/5-1939

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
—	1	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Child

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Willards
(State or country) Maryland

FATHER

13. NAME Roland C Lewis

14. BIRTHPLACE (city or town) Maryland
(State or country)

MOTHER

15. MAIDEN NAME Lizzie E Brittingham

16. BIRTHPLACE (city or town) Delaware
(State or country)

17. INFORMANT Roland C Lewis
(Address) Willards Md

18. BURIAL, CREMATION, OR REMOVAL
Place Newtown Md Date 5/6, 1939

19. UNDERTAKER John W Bunting
(Address) Berlin Md

20. FILED May 4, 1939 Lillian R. Davis
Registrar.
Local

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May (Month) 4th (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from no previous attention, 19 to , 19 ; I last saw h alive on during life, 19 ; death is said to have occurred on the date stated above, at 4 P. M.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
asphyxiation	5-4-39

Other **Contributory Causes** of Importence:

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (VIOLENCE) fill in also the following: —

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury —

Neture of injury —

24. Was disease or injury in eny way related to occupation of deceased? No

If so, specify

(Signed) Frank C Lewis M. D.

(Address) Willards

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (205 M) CP Reg. Dist. No. 333

CERTIFICATE OF DEATH

05364

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:

(a) County Wicomico

(b) City or town Salisbury, maryland (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Peninsula General Hospital

(d) Length of stay in hospital or inst. (~~yrs.~~, ~~mos.~~, or ~~days~~) 9 hrs

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Delaware (b) County Sussex

(c) City or town Rural Seaford, Del (If outside city or town limits, write RURAL and give town)

(d) Street No. Seaford, Del R. F. D. (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Augustus R. Marine

3 (b) If veteran, name war

3 (c) Social Security No. none.

4. Sex: Male

5. Color or race: White

6 (a) ~~Single~~, married, ~~widowed~~, or divorced. married

6 (b) Name of ~~husband~~ or wife Katie

6. (c) If alive, give age 51 years

7. Birth date of deceased (mo., day, yr.) 5. 6. 1877

8. AGE: Years 61 | Months 11 | Days 25. | If less than one day ____ hr. ____ min.

9. Birthplace Maryland (Town, county, and atate)

10. Usual occupation farmer

11. Industry or business farmer

FATHER 12. Name Melchi Marine

FATHER 13. Birthplace unknown

MOTHER 14. Maiden Name unknown

MOTHER 15. Birthplace unknown

16 (a) Informant Elmer Marine

(b) Address Seaford, Delaware

17 (a) Burial (Burial, ~~cremation~~, or removal) (b) Date thereof 5 (month) 3 (day) 1939 (year)

(c) Cemetery or crematory Bleaden Cemetery

Location Bleaden, Delaware

18 (a) Funeral director M. L. Watson & Sons

(b) Address Seaford, Delaware

19 (a) 5/1/39 (Date rec'd by registrar) (b) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. Date of death May 1st 1939, at 12:40 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/30 1939, to 5/1 1939, and that I last saw him alive on 4/30 1939.

	Duration
Immediate ~~cause of death~~ Fracture of skull	11 hours
Due to Automobile accident	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide Accident

(b) Date of occurrence 4/30/39

(c) Where did injury occur? Laurel (City or town) (County) Dela (State)

(d) Did injury occur about home, on farm, industrial place, in public place? Public Highway (Specify type of place) While at work? no

(e) Means of injury Automobile accident

23. Signature Elmer G. Hamilton M.D. M. D. or other

Address Salisbury, Md. Date signed 5/1, 39.

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MAY 4 1939
BU[illegible]U V. S.

Dr. Mann

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (92a)

Reg. Dist. No. 333

CERTIFICATE OF DEATH

05365

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
(a) County: Wicomico Co.
(b) City or town: Salisbury Md (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: R.F.D. #4
(d) Length of stay in hospital or inst. (yrs., mos., or days):
(e) Length of stay in this community (yrs., mos., or days): 40 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State: Maryland (b) County: Wicomico
(c) City or town: Salisbury Rural (If outside city or town limits, write RURAL and give town)
(d) Street No.: R.F.D. # 4 (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME: Henry Washington Mitchell

3 (b) If veteran, name war:

3 (c) Social Security No.: 220-01-8608

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mary A. Mitchell

6. (c) If alive, give age: 61 years

7. Birth date of deceased (mo., day, yr.): Jan 20-1874

8. AGE: Years: 64 | Months: 3 | Days: 18 | If less than one day: ____ hr. ____ min.

9. Birthplace: Sussex County Del. (Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business: General Farming

FATHER
12. Name: Richard Mitchell
13. Birthplace: Sussex County Del.

MOTHER
14. Maiden Name: Unknown
15. Birthplace

16 (a) Informant: Mary A. Mitchell
(b) Address: R.D. #4. Salisbury Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 10-39 (month) (day) (year)
(c) Cemetery or crematory: Mango Cem.
Location: Mango Md.

18 (a) Funeral director: J. Holloway & Co.
(b) Address: Salisbury Md Walter R. Holloway

19 (a) 5/10/39 (Date rec'd by registrar) (b) Harriet A. Johnson Local Registrar

MEDICAL CERTIFICATION

20. Date of death: May 8 1939 at 8:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1938, to May 8 1939, and that I last saw him alive on May 7 1939.

	Duration
Immediate cause of death: Valvular Heart Disease	duration
Due to:	
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: Hunter R Mann M. D. or other

Address: Salisbury Md Date signed: 5/10/39

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Dr. Mann

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (72-A)

Reg. Dist. No. 333

CERTIFICATE OF DEATH

05366

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
(a) County Wicomico Co
(b) City or town Salisbury
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: 498 Washington
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 35 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County Wicomico Co
(c) City or town Salisbury
(If outside city or town limits, write RURAL and give town)
(d) Street No. 498 Washington
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Serene Annie Mumford

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Wm J. Mumford Sr.

6. (c) If alive, give age: Dead yrs

7. Birth date of deceased (mo., day, yr.) May 13. 1860

8. AGE: Years 78 | Months 11 | Days 26 | If less than one day ____ hr. ____ min.

9. Birthplace R.F.D. Delmar Md.
(Town, county, and state)

10. Usual occupation Home work

11. Industry or business at Home

FATHER
12. Name Isaac Hastings
13. Birthplace R.F.D. Delmar Md

MOTHER
14. Maiden Name Henrietta Body
15. Birthplace R.F.D. Delmar Md

16 (a) Informant Mrs. Henrietta Livingston
(b) Address 498 Washington St Salisbury Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 11-39 (month) (day) (year)
(c) Cemetery or crematory Spring View
Location Salisbury Md

18 (a) Funeral director Holloway & Co
(b) Address Walter R. Holloway Salisbury Md

19 (a) 5/11/39 (Date rec'd by registrar) (b) Harriett E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. Date of death May 9 1939 at 9.35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1936, to May 9 1939, and that I last saw him alive on May 3 1939.

Immediate cause of death	Duration
Valvular Heart Disease	3 yrs
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hunter R Mann M. D. or other
Address Salisbury Md Date signed 5/10/39

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MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (942)

Reg. Dist. No. 11 336

05367

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Wicomico

(b) City or town Delmar Md (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: 108 East Street

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 3 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Wicomico

(c) City or town Delmar Md (If outside city or town limits, write RURAL and give town)

(d) Street No. 108 East St (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Daisey Belle Nelson

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife William J Nelson

6. (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) March "?" 1884

8. AGE: Years 55 Months 2 Days If less than one day _____ hr. _____ min.

9. Birthplace Crisfield Md (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Housewife

FATHER
12. Name Wm. P. Sterling
13. Birthplace Crisfield Md

MOTHER
14. Maiden Name Annie T Sterling
15. Birthplace Crisfield Md

16 (a) Informant William J Nelson

(b) Address Delmar Del

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-23-39 (month) (day) (year)

(c) Cemetery or crematory Crisfield Cem.

Location Crisfield Md

18 (a) Funeral director H S Lawson & Son

(b) Address Crisfield Md

19 (a) 5-21-39 (Date rec'd by registrar) (b) Harry E Hudson Registrar

MEDICAL CERTIFICATION

20. Date of death May 21 1939, at 12 35 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1939, to May 21 1939, and that I last saw him alive on May 20 1939.

Immediate cause of death Coma

Due to Coronary Thrombosis

Angina Pectoris

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration: 2 days; 3 months

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature [signature] M. D. or other

Address Delmar Date signed May 21 1939

VS. A15 (T) MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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JUN 5 1939
BUREAU V. S.

05368

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH WITHIN CORPORATE LIMITS OF (947)

County Wicomico Registration Dist. No. 333

Village or City Salisbury, Md. No. P. G. Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Ransom P. Nichols If U. S. Veteran, specify WAR

(a) Residence: No. Princess Anne, Md. Ward. Som Co

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Harriet Nichols

6. DATE OF BIRTH (month, day, and year): Nov. 3, 1872

7. AGE: Years 66 Months 6 Days 5 If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Minister

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year): 2 Weeks

11. Total time (years) spent in this occupation: all life

12. BIRTHPLACE (city or town) (State or country): Greenfield Missouri

FATHER

13. NAME: Alpheus Nichols

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Sarah A. Ransom

16. BIRTHPLACE (city or town) (State or country): Unknown Unknown

17. INFORMANT (Address): Ransom B. Nichols Brockton, Mass.

18. BURIAL, CREMATION, OR REMOVAL Place: North Adams Mass. Date: May 11, 1939

19. UNDERTAKER (Address): Dale Dashiell Princess Anne Md.

20. FILED: 5/8, 1939 Harriet E. Johnson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May (Month) 8 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1939, to May 8, 1939

I last saw him alive on May 8, 1939; death is said to have occurred on the date stated above, at 1.45 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Coronary Sclerosis — Date of onset: [illegible]

Other Contributory Causes of Importance: ✓

Name of operation ✓ Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy? ✓

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ___, 19___

Where did injury occur? ✓ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify

(Signed) [illegible] M. D.

(Address) Salisbury Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

05369

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH

County Wicomico — Registration Dist. No. 335

Village or City Riverton, Md — No. ____ St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residance in city or town where death occurred 5 yrs. ____ mos. ____ ds. How long in U. S. if foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Edward H. Perry — If U. S. Veteran, specify WAR ____

(a) Residence: No. ____ St., ____ Ward. ____

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M.	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna M. Perry

6. DATE OF BIRTH (month, dey, and year) Feb. 20 1884

7. AGE Years	Months	Days	If LESS then 1 dey, ____ hrs. or ____ min.
54	2	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired House Carpenter

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ____

10. Dete deceased last worked at this occupation (month and yeer) ____ | 11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME William Perry

14. BIRTHPLACE (city or town) (Steta or country) England

MOTHER

15. MAIDEN NAME Florence Jones

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Annie M. Perry (Address) Mardela R.D.

18. BURIAL, CREMATION, OR REMOVAL Place Riverton Date May 18, 1939

19. UNDERTAKER H. D. Graves & Bro (Address) Sharptown Md.

20. FILED May 17, 1939 Wm. R. Robinson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May (Month) 16 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from May 16 1939, to May 16, 1939

I last saw h[illegible] aliva on May 16, 1939; deeth is seid to heve occurred on tha dete steted ebove, at 5 P. m.

Tha PRINCIPAL CAUSE OF DEATH and related causas of importance were as follows:

	Date of onset
Cerebral Hemorrhage	5/14/39
Other Contributory Causes of Importence:	

Neme of operation ____ Date of ____

What test confirmed diegnosis? ____ Wes there en autopsy? ____

23. If deeth wes due to externel ceuses (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. ____

Menner of injury ____

Neture of injury ____

24. Wes disease or injury in any way releted to occupation of deceesed? ____

If so, specify ____

(Signed) H. D. Graves M. D.

(Address) Sharptown Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1931*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (93-C)

Reg. Dist. No. 333

05370

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Wicomico

(b) City or town Salisbury, Md.
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Peninsula Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Delaware (b) County

(c) City or town Delmar R.D. Rural
(If outside city or town limits, write RURAL and give town)

(d) Street No.
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph F. Phillips

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Carrie E. Phillips

6. (c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.) Jan 30 1872

8. AGE: Years 67 Months 3 Days 11 If less than one day hr. min.

9. Birthplace Delaware
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Samuel R. Phillips
13. Birthplace Del.

MOTHER
14. Maiden Name Asenath Wright
15. Birthplace Md

16 (a) Informant Carrie P. Phillips
(b) Address Delmar

17 (a) Ralph Hill (Burial, cremation, or removal) (b) Date thereof May 14-1939 (month) (day) (year)

(c) Cemetery or crematory Ralph Hill

Location Delmar R.D.

18 (a) Funeral director H. D. Travers & Bro

(b) Address Sharptown Md

19 (a) 5/12/39 (Date rec'd by registrar) (b) Harriet E. Johnson Sec'y Registrar

MEDICAL CERTIFICATION

20. Date of death May 11 1939, at 9.25 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 10 1939, to May 11 1939, and that I last saw him alive on May 11 1939.

Immediate cause of death Chronic myocarditis — Duration Mk

Due to Carbuncle Back of Neck — Mk

Due to

Other conditions —

(Include pregnancy within 3 months of death)

Major findings: —

Of operations —

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury —

23. Signature R. M. Hall
M. D. or other

Address Salisbury Date signed 5/11/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 333

05371

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Wicomico.

(b) City or town Salisbury, Md.
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Pen. Genl. Hospital.

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Caroline.

(c) City or town Rural - Federalsburg.
(If outside city or town limits, write RURAL and give town)

(d) Street No. R.F.D. Federalsburg to American Corner.
(If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Mrs Elizabeth Porter.

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex F.

5. Color or race White

6 (a) Single, married, widowed, or divorced. married.

6 (b) Name of husband or wife George Porter.

6. (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) August 9" 1887

8. **AGE:** Years 5.2. Months 8 Days 29 If less than one day ____ hr. ____ min.

9. Birthplace Caroline Co. Md.
(Town, county, and state)

10. Usual occupation House-Work

11. Industry or business Own Home.

FATHER
12. Name John H. Trice.
13. Birthplace Caroline Co. Md.

MOTHER
14. Maiden Name Martha J. Smith
15. Birthplace Caroline Co. Md.

16 (a) Informant George Porter.
(b) Address Federalsburg Md. R.F.D.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 11" 1939 (month) (day) (year)
(c) Cemetery or crematory Concord Cemetery.
Location Concord. Maryland

18 (a) Funeral director J. J. Frampton & Son.
(b) Address Federalsburg Maryland

19 (a) 5/9/39 (Date rec'd by registrar) (b) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. Date of death 6-8- 1939 at 2 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-22 1939, to 6-8 1939, and that I last saw him alive on 6-8- 1939.

Immediate cause of death Intestinal obstruction — Duration 3 weeks.

Due to Carcinoma of Gall bladder with abd. metastases — 6 months

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinomatous Gall bladder metastasis to abdomen, int. obstruction
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature L. A. Rademacher M.D.
M. D. or other

Address 112 Main st Salisbury Md

Date signed 5/8/39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUN 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (42-E)

Reg. Dist. No. 333

CERTIFICATE OF DEATH

05372

1. PLACE OF DEATH:

(a) County: Wicomico Co

(b) City or town: Salisbury Md
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: no
111 W. Maine St.

(d) Length of stay in hospital or inst. (yrs., mos., or days) no

(e) Length of stay in this community (yrs., mos., or days) Life

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Wicomico

(c) City or town Salisbury Md
(If outside city or town limits, write RURAL and give town)

(d) Street No. 111 W. Maine St
(If rural give location)

(e) If foreign born, how long in U. S. A.? a. a years

3 (a) **FULL NAME** William A Purnell

3 (b) If veteran, name war: no

3 (c) Social Security No.: no

4. Sex: male

5. Color or race: a. a

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Martha J. Purnell

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 27, 1883

8. AGE: Years 56 | Months 4 | Days 2 | If less than one day ____hr. ____min.

9. Birthplace: Salisbury Md
(Town, county, and state)

10. Usual occupation: Tin Smith

11. Industry or business: no

FATHER

12. Name: Levin Purnell

13. Birthplace: Snow Hill Md

MOTHER

14. Maiden Name: Sophia A Birkhead

15. Birthplace: Packawalkin Md

16 (a) Informant: Mrs. Martha J. Purnell

(b) Address: Salisbury Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 1 1939 (month) (day) (year)

(c) Cemetery or crematory: Packawalkin Md

Location: Packawalkin, Wicomico Co

18 (a) Funeral director: Jay F. Stewart

(b) Address: 402 E. Church St Salisbury Md

19 (a) 6/1/39 (Date rec'd by registrar) (b) Harriet E. Johnston Deal Registrar

MEDICAL CERTIFICATION

20. Date of death May 29 1939, at 6:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 10 1939, to May 29 1939, and that I last saw him alive on May 28 1939.

Immediate cause of death	Duration
Malignancy of Gall Bladder	months
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature: Hunter B Mann
M. D. or other

Address: Delmar Md Date signed: 6/3/39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
JUN 5 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Dr. Fisher 05373

(1948)

1. PLACE OF DEATH

County Wicomico. Registration Dist. No. 333

Village or City Salisbury Penna. Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Richard H. Pusey If U. S. Veteran, specify WAR No

(a) Residence: No. Pocomoke City, Md. St., Ward

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) March 29-1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	3	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farming

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) March 1939

11. Total time (years) spent in this occupation 50 Yrs.

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Frank Pusey

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Ellen Duke

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Frank Pusey (Address) Pocomoke City Md

18. BURIAL, CREMATION, OR REMOVAL Place Butler Cemetery Date May 14 39

19. UNDERTAKER Marguette Atkinson (Address) Pocomoke, Md

20. FILED 5/13, 19 39 Harriet E. Johnson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May (Month) 11 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from April 10th, 1939, to May 11th, 1939

I last saw him alive on May 11th, 1939; death is said to have occurred on the date stated above, at 10 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Septicaemia	

Other Contributory Causes of importance:

Infection of Hand.

Name of operation Amputation of Finger Date of 5/6/39

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Accident Date of Injury 5/5, 1939

Where did Injury occur? At Home (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Home

Manner of injury Injury to hand.

Nature of injury Infection of Hand.

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify Farming

(Signed) Edward G. Fisher M. D.

(Address) Salisbury Md.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The prineipal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

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JUN. 5 1929
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (93-2)

Reg. Dist. No. 333

05374

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Wicomico

(b) City or town Salisbury (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Peninsula General Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 hrs.

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Worcester

(c) City or town Pocomoke City Md (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs Louise M. Ralph

3 (b) If veteran, name war: No

3 (c) Social Security No. ✓

4. Sex: F.

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married.

6 (b) Name of husband or wife: Alfred E. Ralph.

6. (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) Oct. 31 - 1874

8. AGE: Years 64 | Months 7 | Days 0 | If less than one day ____ hr. ____ min.

9. Birthplace N. Y. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Own Home

FATHER
12. Name John Austin
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Mr John A. Ralph

(b) Address Pocomoke City Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 2 1939 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Zion

Location Greene N. Y.

18 (a) Funeral director Clay C. Dennis

(b) Address Pocomoke City Md

19 (a) 5/31/39 (Date rec'd by registrar) (b) Harriet E. Johnson Social Registrar

MEDICAL CERTIFICATION

20. Date of death May 31 1939, at 6.15 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 31 1939, to May 31 1939, and that I last saw him alive on May 31 1939.

Immediate cause of death: Acute Nephritis — Duration: hrs

Due to: Chr. hypocarditis — hrs

Due to: Uremia.

Other conditions ✓

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide No

(b) Date of occurrence ✓

(c) Where did injury occur? — (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work?

(e) Means of injury ✓

23. Signature [signature] M. D. or other

Address Salisbury Date signed 5/31/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (97)

Reg. Dist. No. 337

05375

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Wicomico

(b) City or town Tyaskin (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) life

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Wicomico

(c) City or town Tyaskin (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Earnest Albert Riall

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Florence Riall

6. (c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) april 11 1883

8. AGE: Years 56 Months 1 Days 3 If less than one day hr. min.

9. Birthplace Tyaskin (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name Albert Riall

13. Birthplace Tyaskin

MOTHER 14. Maiden Name Martha Riall

15. Birthplace Tyaskin Md

16 (a) Informant Mrs Florence Riall

(b) Address Tyaskin Md

17 (a) burial (Burial, cremation, or removal) (b) Date thereof may 16 39 (month) (day) (year)

(c) Cemetery or crematory Tyaskin M. E. Cem

Location Tyaskin

18 (a) Funeral director Mrs C E Messick & Sons

(b) Address Bivalve

19 (a) 5/14/39 (Date rec'd by registrar) (b) R. Woolford Walter Registrar

MEDICAL CERTIFICATION

20. Date of death May 13 1939, at 10:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 10 1939, to May 13 1939; and that I last saw him alive on May 13 1939.

Immediate cause of death apoplexy

Due to Chronic arteriosclerosis.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature D. Allen Fields M. D. or other

Address Nanticoke Md Date signed 5-14-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (184)

Reg. Dist. No. 333

05376

CERTIFICATE OF DEATH

VS. A 15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) County Wicomico R.F.D.

(b) City or town Rural Salisbury
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Somerset

(c) City or town Dames Quarter
(If outside city or town limits, write RURAL and give town)

(d) Street No.
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Charles Roberts

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex: M

5. Color or race: B

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Annie Roberts

6. (c) If alive, give age 37 years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 38 | Months | Days | If less than one day ____hr. ____min.

9. Birthplace Dames Quarter
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business Waterman & Farming

FATHER

12. Name Hampton Roberts

13. Birthplace Dames Quarter

MOTHER

14. Maiden Name Mary Elza

15. Birthplace Dames Quarter

16 (a) Informant Johnnie Roberts

(b) Address Dames Quarter

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 14-39 (month) (day) (year)

(c) Cemetery or crematory Dames Quarter Md

Location

18 (a) Funeral director Fred F. Webster

(b) Address Deals Island

19 (a) 5/18/39 (Date rec'd by registrar) (b) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. Date of death May 12 1939, at around 12.30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from ____19____, to ____19____, and that I last saw him alive on ____19____.

Immediate cause of death	Duration
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide accident

(b) Date of occurrence May 12 1939

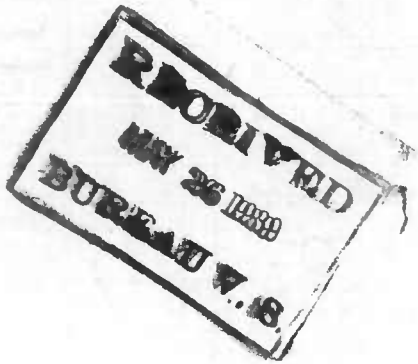
(c) Where did injury occur? Wicomico County, Md.
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? On Farm of Jack Bayne While at work?
(Specify type of place)

(e) Means of injury Accidental Shooting by verdict Coroner's Jury.

23. Signature E. Fulton Jones, Coroner
M. D. or other

Address Salisbury, Md Date signed May 15, 1939


RECEIVED
MAY 26 1939
BUREAU U.S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (115a)

Reg. Dist. No. 333

CERTIFICATE OF DEATH

65377

1. PLACE OF DEATH:

(a) County Wicomico

(b) City or town Salisbury (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Peninsula Gen. Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days

(e) Length of stay in this community (yrs., mos., or days) ____

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Somerset

(c) City or town Princess Anne (If outside city or town limits, write RURAL and give town)

(d) Street No. ____ (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Effie J. Ruby

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife John T. Ruby

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) March 19 1889

8. AGE: Years 50 Months 1 Days 20 If less than one day ____ hr. ____ min.

9. Birthplace Richmond Virginia (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER

12. Name Whetherly Adams

13. Birthplace Virginia

MOTHER

14. Maiden Name Unknown

15. Birthplace

16 (a) Informant John T. Ruby

(b) Address Princess Anne. Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 11 1939 (month) (day) (year)

(c) Cemetery or crematory Episcopal cem. Princess Anne

Location Princess Anne Md.

18 (a) Funeral director Dale Doshiell

(b) Address Princess Anne Md.

19 (a) 5/9/39 (Date rec'd by registrar) (b) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. Date of death 5-9- 1939, at 2:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-6 1939, to 5-9 1939, and that I last saw him alive on 5-9 1939.

Immediate cause of death	Duration
Agranulocytic Angina	4 weeks
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Harry E. Full M. D. or other

Address Salisbury Date signed May 9-39

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 5 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

05378

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH (93-E)

County Wicomico Registration Dist. No. 331

Village or City Hebron No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel James Sewell If U. S. Veteran, specify WAR

(a) Residence: No. Hebron St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elnora Sewell

6. DATE OF BIRTH (month, day, and year) July 16, 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	9	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Laborer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Steam Mill

10. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Mardela Springs, Md.

FATHER

13. NAME Asbury Sewell

14. BIRTHPLACE (city or town) (State or country) Mardela Springs, Md.

MOTHER

15. MAIDEN NAME Maggie Cordrey

16. BIRTHPLACE (city or town) (State or country) Mardela Springs, Md.

17. INFORMANT Mrs. Elnora Sewell

(Address) Hebron, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Mardela Springs Date 5/14/39, 19

19. UNDERTAKER Mrs. C. G. Messick & Sons

(Address) Hebron, Md.

20. FILED 5/14, 1939 Mrs J M Walter

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May 12, 1939, 193

(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan. 12, 1939, to May 12, 1939

I last saw h... alive on May 12, 1939; death is said to have occurred on the deta statad above, at 5 P. m.

The PRINCIPAL CAUSE OF DEATH and relatad causes of importance ware as follows:

	Date of onset
Asphyxia or slow heart failure	
Chronic Myocardial Cystitis.	
Other Contributory Causes of Importance:	

Neme of operetion Date of

What tast confirmed diegnosis? Was thera an eutopsy?

23. If daath was dua to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Natura of injury

24. Was diseasa or injury in any way related to occupation of deceased?

If so, specify

(Signed) William E. Sewell M. D.

(Address) Hebron, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED JUN 2 1939 BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (48)

CERTIFICATE OF DEATH

05379

Reg. Dist. No. 333

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

WITHIN CORPORATE LIMITS OF

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Howard St

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 26 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Wicomico

City or town Salisbury Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Howard St.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Albertie Shipley

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
F M.	White	Married

6 (b) Name of husband or wife Hammond Shipley

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6 - 29 1878

8. AGE:

Years	Months	Days	If less than one day
61	1	21	hrs. min.

9. Birthplace Laurel Del. Sussex Co

(Town, county, and state)

10. Usual occupation House wife

11. Industry or business

FATHER 12. Name Willbanks Lecates

13. Birthplace Delaware

MOTHER 14. Maiden name Catherine Day

15. Birthplace Delaware

16. Informant Hammond Shipley

Address Salisbury Md.

17. Burial Date thereof 5-22-39

(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Laurel Hill Cemetary

Location Laurel Del

18. Funeral director Riggin + Cooper

Address Laurel, Delaware

19. May 22 1939 Harriet E. Johnson

(Date rec'd by registrar) Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 20, 1939, at 2:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 19 1939, to May 19, 1939, and that I last saw h[illegible] alive on May 19, 1939.

Immediate cause of death Advanced cancerous of the cervix with hemorrhage

DURATION ?

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE John H. Yeamans M.D.

M. D. or other

Address 221½ Camden Ave Date signed 5/21/39

Salisbury, Md

RECEIVED
JUN 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (165) Reg. Dist. No. 333

CERTIFICATE OF DEATH

05384

1. PLACE OF DEATH: (a) County Wicomico (b) City or town Salisbury (If outside city or town limits, write RURAL and give town) (c) Street address, hospital, or institution: 10 Wood St.

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 35 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED: (a) State Md. (b) County Wicomico (c) City or town Salisbury (If outside city or town limits, write RURAL and give town) (d) Street No. 10 Wood St. (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME John L. Shockley

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widower

6 (b) Name of husband or wife Deatha Shockley

6. (c) If alive, give age Dead years

7. Birth date of deceased (mo., day, yr.) Nov. 24, 1858

8. AGE: Years 80 | Months 5 | Days 19 | If less than one day ____ hr. ____ min.

9. Birthplace Worcester County Md (Town, county and state)

10. Usual occupation retired Carpenter

11. Industry or business

FATHER 12. Name Shockley

13. Birthplace Worcester County Md

MOTHER 14. Maiden Name Sophia Unknown

15. Birthplace Unknown

16 (a) Informant Mrs Mary A. Moore

(b) Address 10 Wood St. Salisbury Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 16-39 (month) (day) (year)

(c) Cemetery or crematory Parsons Cem. Location Salisbury Md.

18 (a) Funeral director Holloway & Co.

(b) Address Miller P. Holloway Salisbury Md.

19 (a) 5/16/39 (Date rec'd by registrar) (b) Harriet E. Johnston Local Registrar

MEDICAL CERTIFICATION

20. Date of death May 13 1939, at 4:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from ____ 19____, to ____ 19____, and that I last saw him alive on ____ 19____.

Immediate cause of death Suicide by hanging

Due to ____

Due to ____

Other conditions ____

(Include pregnancy within 3 months of death)

Major findings: Of operations ____ Of autopsy ____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide Suicide

(b) Date of occurrence 5-13-39

(c) Where did injury occur? Salisbury (City or town) Wicomico (County) Md (State)

(d) Did injury occur about home, on farm, industrial place, in public place? Out buildings (Specify type of place) While at work? No

(e) Means of injury hanging

23. Signature E. Sheldon Daw, Coroner (M. D. or other)

Address Salisbury Md Date signed May 13, 1939

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (23)

Reg. Dist. No. 333

CERTIFICATE OF DEATH

05385

1. PLACE OF DEATH:

(a) County Wicomico

(b) City or town Salisbury Rural
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Eastern Shore T.B. Sanatorium

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo 9d.

(e) Length of stay in this community (yrs., mos., or days) 1 mo 9d.

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Somerset

(c) City or town Princess Anne
(If outside city or town limits, write RURAL and give town)

(d) Street No. _____
(If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** Kirby L. Smith

3 (b) If veteran, name war: World War

3 (c) Social Security No. unknown

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Mary Smith

6. (c) If alive, give age: unknown years

7. Birth date of deceased (mo., day, yr.) March 1, 1879

8. **AGE:** Years: 60 | Months: 4 | Days: 2 | If less than one day: _____ hr. _____ min.

9. Birthplace Salisbury R#1 Wicomico (Town, county, and state) Maryland

10. Usual occupation telegraph operator

11. Industry or business —

FATHER

12. Name Somerfield Smith

13. Birthplace Maryland

MOTHER

14. Maiden Name Amanda C. Riggin

15. Birthplace Maryland

16 (a) Informant deceased on admission

(b) Address

17 (a) Shad Point cemetery (Burial, cremation, or removal) (b) Date thereof May 8 39 (month) (day) (year)

(c) Cemetery or crematory Shad Point Methodist cem.

Location Shad Point - Wicomico Co.

18 (a) Funeral director Dale Dashiell

(b) Address Princess Anne Md.

19 (a) 5/6/39 (Date rec'd by registrar) (b) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. Date of death May 5 1939, at 8:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 26 1939, to May 5 1939, and that I last saw him alive on May 5 1939.

Immediate cause of death	Duration
Pulmonary Tuberculosis	7 mo
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Paul Cohen
M. D. or other

Address Salisbury Date signed 5/5/39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
JUN 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (23)

Reg. Dist. No. 333

05386

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Wicomico

(b) City or town Salisbury Md (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution Peninsula General Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Wicomico

(c) City or town Salisbury (If outside city or town limits, write RURAL and give town)

(d) Street No. 503 S. Division (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Raymond Smullen.

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex male

5. Color or race white

6 (a) Single, married, widowed, or divorced. Single.

6 (b) Name of husband or wife

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years 19? Months Days If less than one day ____ hr. ____ min.

9. Birthplace Somerset Co Maryland (Town, county, and state)

10. Usual occupation Farmer.

11. Industry or business

FATHER

12. Name Walter Smullen.

13. Birthplace Monie, Somerset Co, Md.

MOTHER

14. Maiden Name Mollie Messick.

15. Birthplace Dames Quarter, Md.

16 (a) Informant Elizabeth Hopkins (Sister)

(b) Address 502 S. Division St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 15-1939 (month) (day) (year) Salisbury

(c) Cemetery or crematory Parsons Cem.

Location Salisbury Md.

18 (a) Funeral director Holloway & Co. Walter R. Holloway

(b) Address Salisbury Md.

19 (a) 5/15/39 (Date rec'd by registrar) (b) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. Date of death 5-15 1939, at 6:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-8 1939, to 5-15 1939, and that I last saw him alive on 5-15 1939.

Immediate cause of death Tuberculous Meningitis

Due to Tbr. of Lungs.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration: Unknown first seen on May 8-39 and avail.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Hunter R Mann M. D. or other

Address Salisbury Date signed 5/15/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 5 1969
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (23)

Reg. Dist. No. 333

05387

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Wicomico

(b) City or town Fruitland Md (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: no

(d) Length of stay in hospital or inst. (yrs., mos., or days) no

(e) Length of stay in this community (yrs., mos., or days) Life

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Wicomico

(c) City or town Fruitland Md (If outside city or town limits, write RURAL and give town)

(d) Street No. no (If rural give location)

(e) If foreign born, how long in U. S. A.? a.a. years

3 (a) FULL NAME Ogress Stanford

3 (b) If veteran, name war no

3 (c) Social Security No. 220-1206

4. Sex male

5. Color or race a.a.

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Pauline Stanford

6. (c) If alive, give age 27 years

7. Birth date of deceased (mo., day, yr.) June 30 - 1910

8. AGE: Years 28 Months 10 Days 2 If less than one day ____ hr. ____ min.

9. Birthplace Fruitland Md (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business no

FATHER

12. Name Burn Stanford

13. Birthplace Fruitland Md

MOTHER

14. Maiden Name Charlottie Stanford

15. Birthplace Allen Md

16 (a) Informant Mrs Willie Stanford

(b) Address Fruitland Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 7 1939 (month) (day) (year)

(c) Cemetery or crematory Mt Olivet

Location Fruitland Md

18 (a) Funeral director James F Stewart

(b) Address 40 E. E. Church St Salisbury Md

19 (a) 5/7/39 (Date rec'd by registrar) (b) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. Date of death May 2 1939 at 5 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 15 1939, to May 2 1939, and that I last saw him alive on May 1 1939

Immediate cause of death Pulmonary th. Duration 1 yr

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature [signature] M. D. or other

Address Salisbury Md Date signed May 9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 5 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

05388

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH

(131)

WITHIN CORPORATE LIMITS

County Wicomico Co. Registration Dist. No. 333

Village or City Salisbury Pem. Gen. No. Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thomas E. Taylor. If U. S. Veteran, specify WAR

(a) Residence: No. Berlin, Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Taylor.

6. DATE OF BIRTH (month, day, and year) Mar. 28, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69	2	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc. Painter.

10. Date deceased last worked at this occupation (month end year)

11. Total time (years) spent in this occupetion

12. BIRTHPLACE (city or town) Maryland. (State or country)

FATHER

13. NAME Levi D. Taylor

14. BIRTHPLACE (city or town) Md. (State or country)

MOTHER

15. MAIDEN NAME Laura Ann Powell

16. BIRTHPLACE (city or town) Maryland, (State or country)

17. INFORMANT Mrs. Frank Hammond (Address) Berlin, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Buckingham's Date May 30, 1939.

19. UNDERTAKER J. W. Burbage (Address) Berlin Md.

20. FILED 5/30, 1939 Harriet E. Johnson Registrar. Local

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May (Month) 28 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from May 19, 1939, to May 28, 1939

I last saw him alive on May 28, 1939; deeth is said to have occurred on the date stated ebove, at 4:30 a. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Valvular Heart Disease	unknown
Chronic Nephritis	unknown
Other Contributory Causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury ...

Nature of injury ...

24. Was disease or Injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) Charles R. Mann M. D.

(Address) Salisbury Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between retail **merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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JUN 5 1939
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (159)

Reg. Dist. No. 11 336

05380

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Wicomico

(b) City or town Delmar
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 1

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Wicomico

(c) City or town Delmar
(If outside city or town limits, write RURAL and give town)

(d) Street No. R F D 3
(If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Mary West Tingle

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6. (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 5, 1939

8. AGE: Years | Months | Days | If less than one day _____ hr. 30 min.

9. Birthplace Delmar, Md R F D
(Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER
12. Name Louis E. Tingle
13. Birthplace Maryland

MOTHER
14. Maiden Name Hattie West
15. Birthplace Maryland

16 (a) Informant Louis E. Tingle
(b) Address Delmar, Del.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-6-39 (month) (day) (year)

(c) Cemetery or crematory Melsons
Location Delmar, Md. R F D

18 (a) Funeral director Will S. Marvel
(b) Address Delmar, Del.

19 (a) 5-6-39 (Date rec'd by registrar) (b) Harry E Hudson Registrar

MEDICAL CERTIFICATION

20. Date of death May 5 1939, at 5 AM

21. I certify that death occurred on the date above stated; that I attended deceased from _____ 19____, to _____ 19____, and that I last saw him alive on _____ 19____.

Immediate cause of death Child premature 5½ mo, Cstill [illegible]

Due to [illegible] premature with premature [illegible]

Due to [illegible]

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature [illegible] M. D. or other

Address Delmar Md Date signed May 5/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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STATE OF MARYLAND—CERTIFICATE OF DEATH

65389

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH

County Wicomico Registration Dist. No. 332

Village or City Willards md No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Isaac Henry Truitt If U. S. Veteran, specify WAR No

(a) Residence: No. Willards md St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	W	M

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Della K. Truitt

6. DATE OF BIRTH (month, dey, and year) May 3, 1874

7. AGE Years	Months	Days	If LESS than 1 dey, hrs. or min.
65	2	16	

OCCUPATION

8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Farmer

10. Date deceased last worked et this occupation (month end year) 1938

11. Total time (years) spent in this occupetion Life

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME Henrie Truitt

14. BIRTHPLACE (city or town) (State or country) md.

MOTHER

15. MAIDEN NAME Eliza Truitt

16. BIRTHPLACE (city or town) (State or country) md.

17. INFORMANT (Address) Mrs. D. K. Truitt Willards md.

18. BURIAL, CREMATION, OR REMOVAL Place Willards md. Date May 21, 1939

19. UNDERTAKER (Address) J. W. Burbage Berlin md.

20. FILED May 20, 1939 Lilliquen R. Davis Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May (Month) 19 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 ; deeth is said to have occurred on the date stated above, at 5 A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:

	Date of onset
Pulmonary T.B.	

Other Contributory Causes of importanco:

Neme of operation Date of

What test confirmed diagnosis? Wes there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did Injury occur? (Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or Injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas. R. Lowe M. D.

(Address) Berlin Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own **home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (94E)

05390

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:
County Wicomico
City or town Salisbury, R.D. 1.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Riverside Drive
Stay in hospital or inst. (yrs., or mos., or days) ✓
Stay in this community (yrs., or mos., or days) 65 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Wicomico
City or town Salisbury, R.D. 1 Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Riverside Drive
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME Ernest C. Turner

3. (b) Social Security Number 214-10-8948

4. Sex Male
5. Color or race White
6. (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Pearl C. Turner
6(c) If alive, give age 55 years
7. Birth date of deceased (mo., day, yr.) March 23, 1874.

8. AGE: Years 65 Months 2 Days 4 If less than one day ___ hrs. ___ min.

9. Birthplace Rockawalkin, Wicomico, Md. (Town, county, and state)
10. Usual occupation Wholesale Grocer
11. Industry or business Wholesale Grocery
FATHER
12. Name Noaman P. Turner
13. Birthplace Maryland
MOTHER
14. Maiden name Virginia Evans
15. Birthplace Maryland
16. Informant Mrs. Ernest C. Turner,
Address Salisbury, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 5/30/39 (month) (day) (year)
Cemetery or crematory Parsons
Location Salisbury, Md.
18. Funeral director The Hill & Johnson Co.
Address Salisbury, Md.
19. 5/30 1939 Harriet E. Johnson Social Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 27, 1939, at 9:15 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 5-27-39 19 ___, to ___ 19 ___,
and that I last saw him alive on 5-26 1939.
Immediate cause of death acute cardiac failure
Due to Coronary thrombosis
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Philip A. Tuslow M.D. M.D. or other
Address Salisbury, Md Date signed 5-31-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUN 5 1939
BUREAU V. S.

(Dr. Fisher)

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (46-J)

Reg. Dist. No. 333

05391

CERTIFICATE OF DEATH

WITHIN CORPORATE LIMITS OF

1. PLACE OF DEATH:
(a) County Wicomico
(b) City or town Salisbury
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: 304 Winder
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 25 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Wicomico
(c) City or town 304 Winder street
(If outside city or town limits, write RURAL and give town)
(d) Street No. Salisbury Maryland
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Edward Twilley

3 (b) If veteran, name war

3 (c) Social Security No. 220-10-8198

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Hilda R. Twilley

6. (c) If alive, give age 46 years

7. Birth date of deceased (mo., day, yr.) May 20, 1882

8. AGE: Years 56 Months 11 Days 16 If less than one day ____ hr. ____ min.

9. Birthplace Allen Maryland
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business W. P. A.

FATHER
12. Name Samuel Twilley
13. Birthplace Allen Md.

MOTHER
14. Maiden Name Hester Wm Anna Pollitt
15. Birthplace Allen Md.

16 (a) Informant Hilda R. Twilley
(b) Address 304 Winder st. Salisbury Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 9/39 (month) (day) (year)
(c) Cemetery or crematory Allen Cem.
Location Allen Md.

18 (a) Funeral director Holloway & Co.
(b) Address Walter R. Holloway Salisbury Md

19 (a) 5/9/39 (Date rec'd by registrar) (b) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. Date of death May 6 1939 at 11.30 a.M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/6 1939, to 5/6 1939, and that I last saw him alive on 5/5 1939.

Immediate cause of death Carcinoma of Pancreas — Duration several months

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations none.
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Chas. T. Fisher M.D.
M. D. or other
Address Salisbury, Md. Date signed 5/9/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (930) Reg. Dist. No. 333

CERTIFICATE OF DEATH

05392

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:

(a) County Wicomico

(b) City or town Salisbury (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: D. H. Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 11

(e) Length of stay in this community (yrs., mos., or days) 21 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Wicomico

(c) City or town Jesterville (If outside city or town limits, write RURAL and give town)

(d) Street No. Near Jesters Store (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Jerona E. Walter

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex F

5. Color or race W.

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Geo. Walter

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Sept 22 1869

8. **AGE:** Years 69 | Months 8 | Days 9 | If less than one day ____ hr. ____ min.

9. Birthplace Dorchester County (Town, county, and state)

10. Usual occupation House wife

11. Industry or business

FATHER

12. Name John Fisher

13. Birthplace Virginia

MOTHER

14. Maiden Name Hester A. Mills

15. Birthplace Dorchester County

16 (a) Informant Ray Walter

(b) Address Jesterville

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 3 39 (month) (day) (year)

(c) Cemetery or crematory Oak Grove Cem.

Location Jesterville, Md.

18 (a) Funeral director Mapp & Fassitt & Jones

(b) Address Princess Anne, Md.

19 (a) 5/31/39 (Date rec'd by registrar) (b) Harriett E. Johnson Registrar

MEDICAL CERTIFICATION

20. Date of death May 30 19 39, at 5 p. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 15 19 39, to May 30, 19 39

and that I last saw him alive on May 29 19 39.

Immediate cause of death	Duration
Chronic	
Myocarditis	
Due to Pyelitis (Rt Kidney)	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature D. Allen Fields M. D. or coroner

Address Manokin Md Date signed 5-31-39

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JUN 5 1939
BUREAU V. S.

(Dr. Mann)

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (82-a)

Reg. Dist. No. 333

05393

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Wicomico
(b) City or town Salisbury
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: 309 1/2 Smith street
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 14 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Wicomico
(c) City or town Salisbury Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 309 1/2 Smith
(If rural give location)
(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME John T. Wessels

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Sarah Wessels

6. (c) If alive, give age 71 years

7. Birth date of deceased (mo., day, yr.) Dec 6 1858

8. AGE: Years 80 | Months 5 | Days 0 | If less than one day _____ hr. _____ min.

9. Birthplace Parksley Va.
(Town, county, and state)

10. Usual occupation Retired Captian

11. Industry or business Chesapeake Bay Boats

FATHER
12. Name Edward Wessels
13. Birthplace Accomac. Va.

MOTHER
14. Maiden Name Elizabeth Ewell
15. Birthplace Accomac Va.

16 (a) Informant Mrs. Annie L. Malcomb
(b) Address 309 1/2 Smith st. Salisbury Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 8. 39 (month) (day) (year)
(c) Cemetery or crematory Parsons Cem.
Location Salisbury Md.

18 (a) Funeral director Holloway & Co.
(b) Address Walter R. Holloway Salisbury Md

19 (a) 5/8/39 (Date rec'd by registrar) (b) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. Date of death May 6 1939, at 1:20 a M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1939, to May 6 1939, and that I last saw him alive on May 5 1939.

Immediate cause of death Cerebral Hemorrhage — Duration 1 yr —

Due to Hypertension — Unknown

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hunter R Mann
M. D. or other
Address Salisbury Md Date signed 5/8/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 333

05394

CERTIFICATE OF DEATH

(50)

1. PLACE OF DEATH:

(a) County Wicomico

(b) City or town Salisbury (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: North Clairmont Drive

(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓

(e) Length of stay in this community (yrs., mos., or days) 43 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Wicomico

(c) City or town Salisbury (If outside city or town limits, write RURAL and give town)

(d) Street No. North Clairmont Drive (If rural give location)

(e) If foreign born, how long in U. S. A.? ✓ years

3 (a) FULL NAME Isabel White

3 (b) If veteran, name war ✓

3 (c) Social Security No. 214-10-7959

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife ✓

6. (c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) Nov. 6, 1895.

8. AGE: Years 43 | Months 5 | Days 28 | If less than one day ____ hr. ____ min.

9. Birthplace Salisbury, Wicomico, Md. (Town, county, and state)

10. Usual occupation Accountant

11. Industry or business Public Service

FATHER

12. Name William J. White

13. Birthplace Maryland

MOTHER

14. Maiden Name Georgia E. Ruark

15. Birthplace Maryland

16 (a) Informant Hubert R. White

(b) Address Salisbury, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 5, 1939 (month) (day) (year)

(c) Cemetery or crematory Parsons

Location Salisbury, Md.

18 (a) Funeral director The Hill & Johnson Co.

(b) Address Salisbury, Md.

19 (a) 5/5/39 (Date rec'd by registrar) (b) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. Date of death May 4, 1939, at 1.35 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 17 1939, to May 4 1939, and that I last saw him alive on May 4 1939.

Immediate cause of death	Duration
Carcinoma of Spine	[illegible]
Due to Carcinoma of Breast	[illegible]
Due to Carcinoma of Ovary	[illegible]
Other conditions Primary carcinoma of breast, cured [illegible] Duration two years (Include pregnancy within 3 months of death)	

Major findings:

Of operations ✓

Of autopsy ✓

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide No

(b) Date of occurrence ✓

(c) Where did injury occur? ✓ (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ✓ (Specify type of place) While at work?

(e) Means of injury ✓

23. Signature [signature] M. D. or other

Address 5/6/39 Salisbury Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 11336

05381

CERTIFICATE OF DEATH

(Wicomico)

1. PLACE OF DEATH:

(a) County Maryland

(b) City or town near Nelson Md (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Wicomico

(c) City or town Delmar, Md, R F D. (If outside city or town limits, write RURAL and give town)

(d) Street No. R F D (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Claria Willett

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Ovide Paul Willett

6. (c) If alive, give age 23 years

7. Birth date of deceased (mo., day, yr.) May 18-1939

8. AGE: Years | Months | Days | If less than one day ____ hr. ____ min.

9. Birthplace Wicomico Maryland (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name Ovide Paul Willett
13. Birthplace Maine

MOTHER
14. Maiden Name Barbara Williams
15. Birthplace Maryland

16 (a) Informant Ovide Paul Willett
(b) Address Delmar Del R.F.D. #1

17 (a) May 16-39 (Burial, ~~cremation, or removal~~) (b) Date thereof May 16-39 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Nelson Cem

Location near Delmar Del

18 (a) Funeral director Will E. Marvel

(b) Address Delmar Del

19 May 16-39 (Date rec'd by registrar) (b) Harry E. Hudson Registrar

MEDICAL CERTIFICATION

20. Date of death May 15 1939, at — M

21. I certify that death occurred on the date above stated; that I attended deceased from ____ 19__, to May 16 1939, and that I last saw him alive on ____ 19__.

Immediate cause of death Still born

Had been dead about 24 hr. before delivery.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature S. H. Lynch M. D. or other

Address Delmar Del Date signed 5/16/39

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. H 336

05382

CERTIFICATE OF DEATH

(51A)

1. PLACE OF DEATH:

(a) County Wicomico

(b) City or town Delmar, Md. (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Chestnut Street

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., ~~mos., or days~~) 18

2. HOME (USUAL RESIDENCE) OF DECEASED

(a) State Md (b) County Wicomico

(c) City or town Delmar, Md (If outside city or town limits, write RURAL and give town)

(d) Street No. Chestnut St (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME William Nicholas Willis

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Blanch M. Willis

6. (c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) Jan 18, 1879

8. AGE: Years 60 Months 3 Days 23 If less than one day ____ hr. ____ min.

9. Birthplace Talbot County, Md. (Town, county, and state)

10. Usual occupation School Teacher

11. Industry or business School

FATHER

12. Name Albert B. Willis

13. Birthplace Talbot County - Md.

MOTHER

14. Maiden Name Susan Harrison

15. Birthplace Talbot County - Md.

16 (a) Informant Blanch M. Willis

(b) Address Delmar, Md

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 5-13-39 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Parsons

Location Salisbury, Md

18 (a) Funeral director Will B. Marvel

(b) Address Delmar, Del

19 (a) 5-13-39 (Date rec'd by registrar) (b) Harry E. Hudson Registrar

MEDICAL CERTIFICATION

20. Date of death May 11 1939, at 1:20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 20 1939, to May 11 1939, and that I last saw him alive on May 10 1939.

Immediate cause of death Oedema of lungs

Due to Carcinoma of both kidneys

Primary carcinoma of right kidney

Due to Carcinoma of Kidney Duration: two years

Other conditions C.V.S.R.

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration: 6 mos. indefinite

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature [signature] M. D. or other

Address Delmar Md Date signed May 12/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

(T)

RECEIVED
JUN 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 333

(34)

CERTIFICATE OF DEATH

05383

1. PLACE OF DEATH:

(a) County Wicomico

(b) City or town Rockawalkin, Md. (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 5 hrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Wicomico

(c) City or town Rockawalkin, Md. (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Wright

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex: F

5. Color or race: C

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 16, 1939

8. **AGE:** Years | Months | Days | If less than one day: 5 hr. min.

9. Birthplace Rockawalkin, Md., Wicomico (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER

12. Name William Wright

13. Birthplace Wetipquin, Md.

MOTHER

14. Maiden Name Helen Johnson

15. Birthplace Salisbury, Md.

16 (a) Informant (Mother) Helen Wright

(b) Address Rockawalkin, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/16/39 (month) (day) (year)

(c) Cemetery or crematory Wetipquin

Location Wetipquin, Md.

18 (a) Funeral director William Wright

(b) Address Rockawalkin, Md.

19 (a) 5/16/39 (Date rec'd by registrar) (b) Harriet E. Johnson Registrar

MEDICAL CERTIFICATION

20. Date of death May 16 1939, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 19, to 19, and that I last saw him alive on 19.

Immediate cause of death	Duration
Due to Prematurity	
and	
Due to Syphilis	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Harriet E. Johnson Local Registrar (Registrar or other)

Address Salisbury, Md. Date signed 5/16/39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUN 5 1939
BUREAU V. S.